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MEDICAL GAZETTE;

BEING A
Weekly Journal
OF
MEDICINE AND THE COLLATERAL SCIENCES.

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No. I.] SATURDAY, DECEMBER 8, 1827. [VOL. I.

ADDRESS.

THE experience of the last few years has proved, that the thirst for knowledge which is spreading so rapidly over the civilized globe, and into every corner of society, has been fully felt throughout the medical profession, and that this thirst, which was formerly satisfied with monthly or quarterly supplies, now requires to be gratified at much shorter intervals. It is more than probable that, in future, the Weekly Medical Press will have both the most immediate and the most extended influence; and it is of great importance to the Medical Profession directly, and to the Public indirectly, that it should be conducted with the utmost degree of judgment, knowledge, and good feeling. These are the qualities with which we have framed the ideal model which we shall endeavour to imitate, and although we shall, of course, fall far short of it, it shall not be for want either of wishes or exertions.

In the composition of our paper, we shall endeavour to make our readers acquainted with all that is going on, whether scientifically interesting or practically useful, in medicine, surgery, and the collateral sciences. Each number will generally consist of the following materials:—

First, A Leading Article relating to topics of particular interest at the time, and which are constantly occurring in a busy and important profession like ours: such are at the present moment the state of medical education in England, the powers and constitution of the College of Physicians, the state of lunatic asylums generally, and those for paupers in particular. Secondly, Original Papers, in the form of lectures or essays. Thirdly, Analyses of valuable Books, both English and Foreign. In this corner of our paper our readers will find concise yet full analyses of instructive books, with which all of us ought to be acquainted, and yet which most of us, when involved in practice, have no time to peruse—stripped of dedications, prefaces, introductions, and all those superfluities with which authors dress up and often bury the valuable matter

which they have to communicate. This part of our paper will thus form a *Bibliotheca* of valuable works on medicine, which for all ordinary purposes will save the reader the trouble of wading through the volumes themselves. But it is not our intention to fill our pages with severe reviews of worthless productions, which only afford food for satire, and which are better left to sink into silent obscurity. During a scarcity of recent books worth noticing, we shall sometimes become retrospective, and analyse works of great value, which, although long published, are but little known. Fourthly, We shall be regularly supplied with the Scientific Journals, foreign and domestic, from which we shall select those particulars which we think likely to be interesting or useful to medical men. Fifthly, We shall have a head for Miscellanies, which we shall fill with those scraps of curious information which are too good to be lost, but which come under no other denomination. Sixthly, We shall give periodical Reports of what is going on in the principal Hospitals, not only of London, but elsewhere. In these reports we shall keep two rules in view—never to relate cases at full length, unless they are of sufficient interest to merit it, and always to endeavour to be scrupulously accurate; as it is but too well known that many of those with which the profession has lately been supplied are full of trivialities and falsehoods: the latter often to be traced to more unworthy causes than unintentional error. These are the materials of which our paper will consist; they seem to comprehend every thing which can be useful or interesting to a scientific medical man; they admit of being executed with various degrees of excellence; and the value of our paper will depend on that which we are able to attain.

At no distant period the profession of medicine was a respectable, peaceful, and comparatively happy pursuit; none of its members were exposed to attacks from the press, but those who invited them by the act of publication; the rest followed their occupations in privacy, with no other interruption to their tranquillity than the toils and anxieties of their profession. To industrious and conscientious men, these were enough, and often more than enough,—and many a one broke down under them.

But a few years ago a set of literary plunderers broke in on the peace and quiet of our profession. Lecturers who had spent their lives in collecting knowledge, arranging it for communication, and acquiring the difficult art of oral instruction, saw the produce of their lives suddenly snatched from them, and published for the profit of others, with the additional mortification of finding what they had taken so much pains with, disfigured by bad English and ridiculous or mischievous blunders. Whoever attempted to arrest these piracies became the object of furious and unrelenting abuse. Hospital physicians and surgeons, who have to prescribe and operate in public, and at stated times, in whatever condition of bodily health or mental feeling they may happen to be, and exercising in the face of critics not always competent to decide on their merits,—a science so avowedly imperfect as to afford abundant scope for uncandid and ill-natured remarks, however judiciously practised,—were

held up to public scorn for errors to which, even if actually committed, the ablest men are occasionally liable, while those who leagued in secret with their calumniators, and who, with one or two exceptions, were as insignificant in station and talents as they were equivocal in character, were represented as at the summit of science and professional eminence.

Such, among others, have been the results of a system which has no parallel in the records of any liberal profession. We do not deny that public exposure may have, in some few instances, done good; it may have abolished some foolish custom, or led to the reformation of some trifling abuse; but weigh the evil against the good—it has deprived eminent men of their intellectual property, and destroyed the mutual confidence between pupils and their teachers; it has lowered the respectability of the profession, and has spread general distrust; it has broken up private friendships; it has placed man in hostility to man; and has set so many bad passions into ferment, that well-disposed men become disgusted with the state of their profession, and vow that they never will inflict it on their sons.

We have often heard it said, that no weekly medical paper will succeed which is not seasoned with personal abuse; in other words, that it is impossible to excite the attention of mankind without gratifying some of their worst passions. We do not believe this, and shall certainly not act on that principle. There will, indeed, be times when we shall be compelled, as the determined opponents of every real abuse, to make remarks necessarily disagreeable to individuals; when men of popular talents and eminent station are disseminating opinions or acting on principles practically mischievous, we shall do all in our power to obviate the evil; we shall, however, always endeavour rather to attract attention by the selection of what is interesting and useful, and therefore praiseworthy. Whether our experiment will succeed, time only can tell; but we refer the decision of this question to those members of our profession who have its respectability at heart; who love it as a scientific pursuit; who cultivate it as an art which alleviates human suffering, and often saves human life, and, consequently, as an honourable source of maintenance and respectability in society; who wish to see it followed and practised with philosophic views, and gentlemanlike feelings; that is, we sincerely believe we appeal to the vast majority of the medical profession.

OBSERVATIONS
ON
DISEASES OF THE URETHRA, BLADDER,
AND PROSTATE GLAND.

BY B. C. BRODIE, F.R.S.

As delivered by him in his Surgical Lectures.

IN this and the following lectures, it is my intention to lay before you the results of my experience in the diseases of the urethra, bladder, and prostate gland. The subject is one of the most important in surgery; and ought, therefore, to be regarded as having the strongest claims to your earnest attention.

These diseases are always a source of great uneasiness to the patient; and not unfrequently, when allowed to run their own course, they lead to his destruction. At the same time, there are no cases in which we are, on the whole, able to render the patient more essential service; often by removing the disease altogether, at other times by relieving the more distressing and dangerous symptoms.

I shall consider the subject under the following heads: 1st. Diseases of the Urethra. 2. Those of the Prostate Gland. 3. Those of the Bladder.

Of the Diseases of the Urethra.—The urethra, in the male, as you well know, is long, narrow, complicated in structure, as well as in function. You will not wonder, therefore, that it is liable to more numerous, as well as to more serious diseases than the short, wide, and simple urethra of the female. Of the diseases of the latter, a very few words will sum up what I know, while those of the former will require a more minute investigation. First, then, of the male urethra.

A healthy man, we shall say, voids his urine to-day in a full stream. On the morrow, perhaps, he is exposed to cold and damp, or, what is a still more common cause, he dines out, and forgets, amid the company of friends, the quantity of champagne, or punch, or other liquor, containing a combination of alcohol with a vegetable acid, which he has drunk. The next morning he finds he is unable to pass his water. If you send him to bed, apply warmth, and give him Dover's powder: it may be, that, in the course of a few hours, his urine begins to flow, and that on the following day, he makes water in as large a stream as before. Suppose you are called to another patient; he tells you that, for many

hours, he has voided scarcely any urine. You feel the bladder, like a large ball, distended above the pubes. He strains to relieve himself, but, with all his efforts, a few drops only of urine pass. You introduce a bougie, and find that it meets with an obstruction, in what is termed the membranous part of the urethra. Withdraw this bougie, and introduce another, armed with the nitrate of silver; and it will often happen, that, in a few seconds after the application of the caustic, the urine flows freely. Again, in another such case, you introduce a common bougie of a full size; press it firmly against the obstruction for several minutes, and the same result follows;—the patient beginning to make water in a stream.

Now in these and similar cases where the difficulty of voiding the urine comes on suddenly, and subsides in a similar manner, we must presume that the cause of the difficulty is temporary, and not permanent.

We find, moreover, that in these cases, the obstruction is invariably at one point of the urethra, viz. at its membranous portion; and here you remember there are muscular fibres, which the late Mr. Wilson* particularly described, surrounding and looping up the canal. It is clear that a spasmodic action of these muscular fibres must obstruct the passage of the urine; and to prove that such an action may exist, I have but to state the analogy of the sphincter ani, which you know is often irritated to spasmodic contraction. From the suddenness of the attack, the speediness of the relief, from the anatomy and function of the part, and from analogy, I think it is fair to call this species of stricture, the spasmodic stricture; at least, the phenomena appear to me to be best explained by such an hypothesis, and not to be very explicable on any other.

In another, and a much more common series of cases, you will observe, that the various histories will in essential circumstances run thus. The patient voids his urine in a diminished stream; and this diminution has been going on slowly and almost imperceptibly for months; nay, not unfrequently for years, and now the stream is scarcely bigger than a thread. Should he die, and an opportu-

* See Mr. Wilson's excellent paper in the first volume of the Medico-Chirurgical Transactions.—*Ed.*

nity be afforded of examining the state of the parts, you will find the urethra contracted in one portion of its canal; its membrane thickened at the point of contraction, and converted into a ligamentous, or even cartilaginous substance, so that it has lost its natural resiliency. These cases, when compared with the former, exhibit just an opposite character; that is, the disease comes on gradually, and the relief of it is also gradual; so that independent of ocular demonstration we should infer the cause to be permanent. In common language this is termed a permanent stricture.

Strictures, therefore, may be either permanent or spasmodic. The distinction is not theoretical in practice: however, we find the two kinds of stricture very much blended with each other. On this and on all other occasions it is of consequence that we look to the facts of each individual case, without expecting to find in nature those sharp distinctions which it is necessary to make in systems of nosology. A stricture may be spasmodic. The recurrence of the spasm excites a slow inflammation. That reacts on the spasmodic state of the muscles, and thus the two go on together, and ultimately we may suppose a purely spasmodic stricture to be converted into a permanent one. On the other hand, you will find an old permanent stricture one day permitting the urine to flow in a stream of a given size, and the next of just double the size; and this change often takes place in so short a space of time, that the same reasoning seems to apply as in the simple spasmodic stricture. In the latter, the healthy urethra is of a certain permanent size. In the permanent stricture it has been diminished, say to half that size. Now there is no reason why spasm may not obliterate the one canal as well as the other, especially as we find the circumstances, with the exception of the variation in size, to be precisely the same in both cases.

The ordinary situation of a permanent stricture, is at the anterior extremity of the membranous part of the urethra, just behind the bulb. If the disease be recent, it occupies but a small portion of the canal; if it be of long standing it becomes very extensive; and in old neglected cases, the greater part of the urethra becomes involved in it. In some cases, the stricture is anterior to the bulb, between it and the external meatus; but these are comparatively rare. It is worth remarking, that a stricture in such

a situation is rarely complicated with spasm; probably because there are no muscular fibres immediately surrounding the canal here, as at the membranous part.

In some very old cases we find a permanent stricture behind the bulb, and another anterior to it: and in other cases, where the disease has been of still longer duration, we find the whole urethra more or less contracted, and the membrane of it thickened; the contraction being greater in some parts and less in others. The urethra becomes diseased in old cases, too, behind the stricture, and that in various ways. Small irregular prominences, or tubercles, are sometimes found on its inner surface, which probably originate in minute depositions of coagulable lymph, that subsequently become organized. The orifices of the mucous glands, and those of the prostatic ducts, are often preternaturally dilated. The whole canal of the urethra, behind the stricture, is widened in consequence of the bladder forcibly impelling the urine, and the insufficiency of the outlet for its free passage. This dilatation is most remarkable when the stricture is in the anterior part of the canal.

I attended a gentleman, who for many years had laboured under a stricture, situated about three inches from the external meatus. The urethra behind the obstruction was so dilated, that whenever he made water, a tumor as large as a small orange, and affording a distinct fluctuation, was to be felt in the perineum; it might be compared to a second bladder. He sent for me one day, and I found him labouring under complete retention of urine. I punctured the tumor in the perineum with a lancet, and immediately the urine gushed out in a full stream. From that time the water was passed regularly through the artificial opening: he had no more retention, and thus I was enabled to direct my whole attention to the removal of the stricture. By quiet, and the dilatation of the obstruction, the urethra was once more enlarged to its natural size. The perineal opening healed, and the patient recovered much more speedily than if the urine had been allowed in the first instance to pass through the natural channel.

In some cases of old stricture I have found an oblong, irregular, indurated, gristly mass at the lower portion of the penis, just where it is covered by the

scrotum. For example. A gentleman, who had been many years in a hot climate, returned to England labouring under a stricture, and passing his urine with great difficulty. A hard oblong tumor could be felt in the neighbourhood of the stricture, though somewhat anterior to it, just at the upper part of the scrotum. I dilated the stricture, so as to enable the patient to introduce a bougie for himself; but still the tumor remained unaltered. He died a year afterwards of an accidental attack of disease in the the brain; and I found on dissection, that the tumor must have been caused by a deposition of lymph into the cells of the corpus spongiosum. Immediately behind the stricture there was an orifice leading into a considerable sinus, extending from the urethra into the gristly substance of the tumor. The direction of the sinus was from behind, forwards, so that it was evident it could not have been produced by an improper use of the bougie. I concluded, that the sinus must have been produced by the forcible and repeated pressure of the urine against the urethra behind the stricture. The same cause which produced the sinus, was, of course, sufficient to produce the gristly induration round it.

We cannot always trace the origin of stricture. In those strictures which we look upon as spasmodic, the cause is generally something which acts as a source of local irritation. The urine may be unnaturally stimulating from containing an excess of lithic acid. Hence the spasm comes on, often, after indulging in spirituous or fermented liquors, especially those which contain a combination of alcohol with acid, such as champagne or punch. We may presume that the absorption from a blister acts in a similar mode; that is, by increasing the stimulating effects of the urine. Gravel or stone in the bladder will produce the same effects. Diseases of the kidney, and of the rectum, as hæmorrhoids, act sympathetically on the urethra, and not unfrequently give rise to spasmodic stricture.

Permanent stricture frequently follows an obstinate gonorrhœa. Astringent injections have been blamed as causes of this disease; but I really think, that this practice has been more reprehended than it deserves. It is the abuse, and not the use of injection, which is to be deprecated. I have no hesitation in saying, that there is greater danger as to producing stricture from a very long continued gonorrhœa

or gleet, than from the prudent use of a mild astringent injection. A permanent stricture may arise from an ulcer or abscess of the urethra; but as this differs in some essential particulars from ordinary strictures, it will require a separate consideration.

Stricture is a disease of early manhood, rarely occurring before the age of puberty, or in advanced age. If you are consulted by two patients, on account of difficulty of making water, the one a young, the other an old man, the chances are, that the first labours under stricture. If the old man states that the difficulty of which he complains has existed for a series of years, you may conclude that he also labours under stricture; if, on the other hand, you can trace it back to a few days or weeks only, or even if he says that it has been coming on for the last year or two, then it is most probable that the impediment to the flow of urine arises from enlargement of the prostate gland.

I will now enumerate the symptoms of stricture. Where the disease is purely spasmodic, the first symptom which attracts the patient's attention is a difficulty in making water, which speedily terminates in complete retention. In permanent strictures, which, I repeat, are the most common, the stream of urine becomes diminished long before any absolute difficulty exists.

The shape of the stream of urine is altered, at one time being flat, at another spiral, at a third split into two. Now, as the form of the stream depends on the nature of the canal through which it passes, so many other causes than a stricture may produce an alteration in its shape. A cicatrix, for example, or enlarged mucous follicle, will produce this effect. From the alteration in the form of the stream of urine, therefore, we can only infer an irregularity in the canal through which it flows; but other circumstances must be considered before we pronounce that irregularity to be connected with actual stricture. In the early stage of stricture there is frequently a gleet; a discharge of mucous or mucopurulent fluid from the urethra; and this is attended with a sensation of itching, or even with a slight degree of heat and pain in making water. It is worthy of remark, that whatever may be the seat of stricture, this fluid seems to be secreted by the anterior part of the urethra; that is, the first two or three inches. As the disease proceeds, the bladder becomes irritable, and this forces the patient to rise

often in the night to pass his water. The stream becomes diminished more and more, till at last some exposure to cold, or imprudence as to diet, brings on complete retention of urine in the bladder.

The symptoms of retention are formidable enough, and generally attack the patient suddenly. He is, perhaps, sitting with his friends after dinner, and feels an inclination to make water. In attempting to do so, however, he is foiled. A second and a third attempt is made at different intervals, and all without success. Now, however, the case assumes a more serious aspect. There is an indescribable uneasiness felt in the region of the bladder; the efforts to void the urine are no longer voluntary, the patient is forced to strain, and the whole of the abdominal muscles are seen in convulsive action, instinctively endeavouring to unload the bladder of its contents. This viscus may be felt hard and large above the pubes. The heart now begins to sympathize with the local irritation; the pulse bounds, is hard and strong; the face flushed, the skin hot, and the tongue covered with white fur. Perhaps the violent efforts of the patient may force out a few drops of urine, and thus afford him a moment's respite, but the kidneys go on secreting, and the same series of symptoms follows. In the great majority of cases the stricture is spontaneously or artificially relieved; but there have been, nevertheless, numerous examples of the contrary, in which the retention has even terminated in death. The bladder itself may be ruptured at the fundus, the urine escaping into the surrounding cellular membrane, and into the abdomen. Such an event occurred in a patient in St. George's Hospital twenty-five years ago. The patient exclaimed, after a violent paroxysm of straining, that the bladder had burst into the belly. He died, and on examining the body, it was ascertained that the poor fellow's words were true. This case, and another similar one, have been published by Sir Everard Home. Fortunately, such cases are rare.

In most instances the rupture is not of the bladder, but of the urethra just behind the stricture. Conceive, gentlemen, a distended bladder, and the spasmodic action of the abdominal muscles of a powerful man squeezing it, and you will readily perceive with what impetus the urine must be forced through the lacerated urethra into the surrounding cellular membrane. In fact, the scrotum, the penis, the perineum, nay, sometimes

the groins, and the lower part of the belly, are enormously swollen with the acrid urine. The first effects of this injury are to put an end to the patient's immediate sufferings. There is no more straining or spasm; the stricture itself becomes relaxed, so as to allow the urine to flow through the natural passage. With this interval of ease from misery, a new and often fatal train of symptoms set in. The urine, under any circumstances, would irritate parts unaccustomed to its contact; but the urine of retention has been long in the bladder, and is loaded with saline matter, so that its stimulating properties are much increased. Wherever this acrid fluid penetrates, it first inflames, and then kills the part. The patient is first seized with a fit of severe shivering, the skin of the scrotum, and penis, and other parts, then becomes red and inflamed. If you make incisions into it, you will find black offensive sloughs underneath. If the incision be not free, the skin itself becomes speckled with dark spots; these increase in size, and large patches of it are converted into sloughs. Sometimes a black spot may be seen on the glans penis; it is a most fatal sign, for I never knew one to recover in whom it appeared. It indicates that the urine has been effused into the cells of the corpus spongiosum. As this process of sloughing goes on, the constitution becomes affected, just as if the mortification had come on from any other cause. At first the pulse is full, and the skin hot, but the depressing effects are soon felt. The heart beats feebly and frequently, then becomes irregular, then intermits. The skin turns cold and clammy, the patient is troubled with an incessant hiccough, which nothing relieves for more than a very few minutes. He mutters in low delirium, then falls into a stupor, and dies.

The time during which a retention of urine may continue before rupture of the urethra takes place, is much longer than you would expect. Such a catastrophe as I have endeavoured to describe, rarely occurs before the third or fourth day. It may occur sooner, but often the period of it is even later than this. The retention may continue for a week, with occasional short intermissions, during which, urine comes away in small quantities, and then the urethra gives way, and the urine is extravasated. Each case will be variously modified, and thus the result may be variously influenced. In one, the secretion of urine may be rapid and abundant, or the bladder may not be so di-

latable as in other cases. It is evident, *cæteris paribus*, that the laceration will in these happen more readily and sooner, than in cases where the secretion of urine is slow and scanty, or where the bladder admits of great distention.

(*To be continued at p. 49.*)

*Extract of a Letter from MR. HODGSON
of Birmingham.*

My dear Sir,

With regard to the cases of excision of portions of the jaw * * *

I have within these few weeks done this operation twice. In the first instance (a case of osteosarcoma of the lower jaw, nearly as large as a fist) I removed the bone from the second bicuspid (tooth) of the left side, to within about half an inch of the joint (of the jaw) on the right. The patient did well, the wound was quite healed, and she was cured in three weeks, and now looks far handsomer than I ever saw her, with tolerable power of mastication, and much more distinct power of articulation than before the operation. The second case occurred only sixteen days ago. It was a carcinomatous disease of the lower lip and chin firmly attached to the bone, and in a state of ulceration. The bone was removed from the first bicuspid (tooth) on one side, to the canine (tooth) on the other. He is now so nearly well, that I do not think he will require more than two dressings. A short, but *most incorrect* report of the first of these cases, to my great surprise, got into a Medical Journal, but from what quarter I cannot divine. The second has not been noticed in any of the periodicals. Now, if you, or the Editors, choose to insert any notice of them which can be made out from the account which I have given in this letter, you are at perfect liberty to do so.

Ever Yours,

Birmingham, Nov. 16. 1827.

J. HODGSON.

Letter to a Member of Parliament, from a Physician,
on the Subject of

LUNATIC ASYLUMS.

Dear Sir,

From the conversation I had with you the other day on the subject of Lunatic Asylums, as well as from what I had heard in other quarters, I collected, that an impression unfavourable to the Commissioners for visiting Mad Houses, appointed by the College of Physicians, had been left on the minds of some

of the "Select Committee," by the investigation in which they had been engaged; in fact, that your own impression had been, that the Commissioners were not entirely free from blame: first, in being inattentive to the wants of the pauper lunatics, and, secondly, in submitting to act under a system which they knew to be inadequate with respect to lunatics in general, without taking proper measures for correcting its obvious defects, by an application for greater powers.

It is true that no traces of such an impression, founded as it must have been on a very imperfect knowledge of the facts of the case, as far as the College is concerned, appear in the report of the committee. It might, therefore, seem superfluous or premature to advert to it at present. But as Mr. Serjeant Pell, at a recent meeting of the Magistrates of Middlesex, has expressed himself publicly in such terms respecting the College as show, that he also is but indifferently acquainted with the true state of the case, I trust I shall be excused for at once endeavouring to supply that information which seems requisite for duly understanding it.

First, then, as to the supposed culpability which attaches to the Commissioners, on account of the manner in which they have executed their duty.

I presume, the reflections cast upon them on this head are founded on the evidence printed at the end of the report (for I know of no other ground for them), which evidence, I observe, relates almost exclusively to the treatment of the parish lunatics in a particular establishment at Bethnal Green.

Now it is important to recollect, that the parish authorities are exempted by act of parliament from furnishing any lists or returns to the Commissioners, and, in fact, from affording them any assistance towards the supervision of the pauper lunatics; these authorities having reserved to themselves the whole charge and responsibility of such lunatics, and requiring of their own officers that they should visit and inspect them as often as they conceive necessary for their proper management.

Nevertheless, the Commissioners, devoid as they are of all official information respecting the parish lunatics, whose names even are not in their lists, and exempt from any legal responsibility respecting them, have yet availed themselves of every opportunity which has offered itself of attending to, and inter-

fering about such cases amongst the paupers, as have appeared to them to deserve notice in the course of their ordinary visitations; of which attention and interference there is abundant proof in the minute books of the Commissioners which have been submitted to the committee.

The parish authorities, then (and amongst these must be included all such magistrates as have influence in parishes), thus employing their own officers and medical men to supervise their lunatics, and finding that (at least, for the price paid) they cannot, even with all their efforts, secure for these unfortunate individuals such treatment and such comforts as appear requisite, have been very properly occupied in considering whether greater advantages may not be derived from the establishment of a County Lunatic Asylum.

But it does not seem quite so fair that those who have the power of making any arrangements they please with the masters of the asylums in which the paupers are placed; who can employ their officers in as frequent supervision of the lunatics as may seem necessary; who can exercise over these institutions an almost absolute control, and yet who, after all, find this extent of authority ineffectual in preventing the evils complained of, should endeavour to throw upon the Commissioners, who have no legal cognisance of the paupers, and whose powers in all respects are exceedingly limited, the odium of a system for which the parish authorities are, at any rate, mainly responsible.

So much for the question of the parish lunatics. I beg now to direct your attention to the other plea which has been used for the purpose of inculcating the College of Physicians, by some at least of those who have interested themselves for the improvement of Lunatic Asylums — namely, that the Commissioners have submitted to act under a system which they knew to be insufficient, without taking any means for making known and remedying its defects.

In order to place this matter also in a just point of view, I must be allowed shortly to advert to the constitution and character of the commission itself.

The law calls on the College of Physicians to appoint annually five commissioners, and directs the Commissioners so appointed to visit every asylum in London and within seven miles of it once, and in cases of particular necessity, more than once every year; for which the annual payment is so totally inade-

quate as scarcely to deserve the name of remuneration. The Commissioners have by *law no power of refusing the renewal of licences to badly-regulated houses, of discharging persons improperly confined, or, in fact, of enforcing any suggestion whatever that they may feel it right to make.* The Commissioners, moreover, have ascertained from high legal authority, that even the publication of their opinion about ill-conducted asylums would be *illegal and libellous*; and that all they can do safely under such circumstances is to hang up the name of the offender in the censors' room of the College of Physicians; a small private apartment, scarcely ever frequented except by the president and censors, who meet in it once a month; a means of publication which was found so absurdly insufficient, that it long ago went into disuse.

I am aware that Mr. Serjeant Pell has been pleased to pronounce, that the opinion held by the College respecting the very limited powers they possess is "an extraordinary one." As, however, the opinion in question is not a medical but a legal one, they must be content to appeal from the judgment of Mr. Serjeant Pell, to the authority of the late Lord Chief Justice Gibbs, and Mr. Justice Dampier; as it is to them the College are indebted for the opinion thus animadverted on.

Under such a system of visitation, unsatisfactory, insufficient, and disheartening, as it is, the Commissioners have, from a sense of duty, as no better means were within their reach, felt themselves obliged to act. And I am not afraid to say, that, under the embarrassing and painful circumstances in which they have been placed, they will be found by all those who candidly investigate the matter, to have discharged their duties in a manner creditable to themselves and to their profession.

Having stated this, I will now proceed to show that the College have not quietly acquiesced in the imperfections and inadequacy of this system.

I could mention many instances which might be easily substantiated, in which the College have, both as individuals and as a body, endeavoured to remedy the evils alluded to. But it will suffice to state a single fact which is as notorious as it appears to me conclusive on the subject; viz. that in the year 1815, the College, after a long and laborious investigation of the whole subject, with the approbation and assistance of se-

veral leading members of the legislature, prepared an act which was presented to the House of Commons. The House, however, did not adopt this measure, but appointed a select committee to consider the whole matter. This committee closed their labours by introducing a bill for appointing a most expensive and otherwise objectionable system of supervision, which bill was thrown out by the House of Lords. The Lord Chancellor, however, then stated, that he would take care that a proper bill was prepared in due time, and the College was left, after having been loaded with opprobrium as little merited then as at present, to make the best of the existing law, until the proper authorities prepared another.

Such being the true state of the case, it will, I think, be evident, that the College of Physicians cannot be fairly charged either with neglecting to express their sense of the insufficiency of the existing laws, or with failing in the use of such means as were within their reach, or correcting the evils complained of.

If the magistrates, particularly those who are concerned with and have influence in parish affairs, deem it advisable to maintain their pauper lunatics in an asylum of their own, it is a matter undoubtedly which they have a right to decide for themselves. I have only to protest against their endeavours to throw that opprobrium on the Commissioners which, if attachable any where, should certainly fall on those who undertook the charge of superintending such lunatics, and procured their exemption from the ordinary jurisdiction of the Commissioners.

So, also, if the legislative or executive department of government in their wisdom deem it right to remodel the system of visiting Lunatic Asylums in general, and to remove from the College of Physicians the power of appointing the Commissioners, it would not become me to object to such a proposition; but I should feel that, with my present impressions, I was wanting to my profession if I silently allowed such a measure to be mixed up with the most unjust reflections against the College of Physicians, who, so far from acquiescing in the imperfections of the existing law, have fully and fairly represented to the proper authorities its complete inadequacy.

I remain, dear Sir,

Your obedient Servant,

Nov. 20. 1827.

M.

MEDICAL GAZETTE.

Saturday, December 8. 1827.

“Licet omnibus, licet etiam mihi dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso.”—CICERO.

MEDICAL EDUCATION IN ENGLAND.

A FEW weeks ago, a number of young gentlemen who are studying medicine in London, assembled at a debating society at Guy's Hospital, and made speeches, the burden of which was that medical education is very deficient in England, and far inferior to what it is on the Continent—that the students have no other object, than to hurry through their studies and pass their examinations, without any regard to the soundness of their knowledge—and that the medical men of England practise merely for the sake of lucre, without any love of their profession as a science. This farce was reported in the daily newspapers, on which the editor of one of them (we believe the *Old Times*) remarked, “here are the very men who have the care of the health and lives of our families, avowing the insufficiency of their education, and their incompetence to their duties,” and then he concluded by upbraiding us with being a money-hunting profession. All this is so absurd, that it scarcely deserves a serious answer; yet we cannot refrain from one or two remarks.

The great deficiency in the education of medical students in England is in anatomical instruction. They have admirable books, and admirable lectures, and they see the anatomy of the human frame explained on the dissected body; but this is not enough—they ought to spend a large portion of their time in dissecting bodies themselves, partly to imprint the knowledge of anatomy more deeply on their minds, and partly to acquire that dexterity in the use of the knife, which is absolutely necessary for operating surgeons; but they are deprived of opportunities for this important part of their education by the prejudices of the public. In all the medical schools of France, Germany, and Italy the students have an ample supply of dead bodies for dissection. In London

and Edinburgh, the popular prejudices against dissection are so strong, and the supply of bodies so scanty, that the student often passes days and weeks without taking up his knife. For this great deficiency, therefore, in the medical education of this country, the British public have none to blame but themselves. With regard to the professional merits of the physicians and surgeons of England compared with those of the Continent, no competent person will deny, that, although the medical men of the Continent receive a more elaborate scientific education than those of England, and have a more minute knowledge of morbid anatomy, that is, of disease, as an object of natural history, yet that there the superiority ends—while, as practitioners, they are mere children, compared with the physicians and surgeons of England. These, notwithstanding the comparatively scanty and immethodical course of their education, by dint of that plain practical sense, that constant reference of every thing to the “*cui bono*” for which the English are remarkable, have become infinitely superior to their continental brethren in a knowledge of the treatment of disease, of the power of remedies, of the best modes of employing them—in short, of medicine and surgery as practical arts.

What will those who call us a money-making craft think, when we remind them that we are the only class of people in the island who work on a large scale for nothing? As physicians or surgeons of medical charities, we toil for years in the service of the sick poor, with no pecuniary remuneration, and no other selfish objects than the desire of knowledge, and the remote prospect that the connections we form by our attendance on the poor may ultimately lead to employment among the rich. Selfishness, more or less in degree, and more or less refined, mingles with the motives of all human actions. When at length this remote prospect is realized, and the extent of lucrative practice compels the physician or surgeon to retire from his medical charities, even then, through the rest of his life, down to old age, not a day passes in which calls are not made on him for gratuitous advice—and these calls are

never made in vain. Where is the trade or profession in which there is any thing similar to this? Will the merchant give his goods for nothing?—Will the lawyer conduct a cause for nothing?—Will the clergyman marry or bury for nothing? No:—the merchant must have his price—the lawyer must have his fees:—even the church must have its dues;—none but the medical man stirs without his reward. The tax of gratuitous exertion levied on the medical profession has lasted so long, and is so great, that, like other familiar things, people cease to be sensible of it—but we must stop. We had no intention when we began of running on to this length, and only meant to say to the people of Great Britain—Do not upbraid us for deficiencies in our education for which you yourselves are entirely to blame. Do not complain that we are incompetent to take care of the health of your families, when, in the treatment of disease, we are the most useful practitioners on earth. Do not call us a profession of money-hunters, when we are the only people in the island who work on a large scale for charity.

ANALYSES AND NOTICES OF BOOKS.

“L’Auteur se tue à alonger ce que le lecteur se tue à abrégér. — D’ALEMBERT.

Medico-Chirurgical Transactions, Vol. XIII. part ii.

THE first paper in the volume before us is “a case in which a piece of iron was found in a cyst within the thorax, where it had remained for fourteen years.” The note is communicated by Mr. Arnot, surgeon to the Grampus, and nearly the whole history is contained in the title.

The second case is that of a lad who had a piece of iron (the breach-pin of a gun) three inches in length, and weighing three ounces, imbedded in the brain from the 10th of July till the 5th of August. The wound was in the forehead just above the superciliary ridge, and there was an aperture in the frontal bone as large as a crown piece, through which

the brain exuded. Considerable force was required to remove the iron, and it is probable that one end had been driven into the bone near the ear of the same side, as it lay in that direction: little or no inconvenience attended its removal, and except the loss of sight in the left eye, the boy seems to have suffered no permanent injury from the accident. The case is related by Dr. Rogers, and followed by some remarks by Mr. Tyrrell.

Dr. Charles Forbes attended a young man of intemperate habits during the last stage of pulmonary consumption. He had swelling of both ankles: that of the right gradually subsided, that of the left increased about a month before his death, extending gradually to the upper and lower part of the abdomen: the limb being at the same time hotter than natural, and tender to the touch. A week before his death, it every where pitted on pressure, but was no longer painful, except at the joint: the skin was whiter than natural, and the appearance perfectly resembled that of anasarca; the subcutaneous veins were distended.

On opening the body, the vena saphena major and its branches were observed to be much distended, and being slit up were found to contain coagulated blood, but without any apparent disease of their coats. The cellular membrane of the limb was injected with a quantity of colourless fluid; the lymphatics were healthy, and the glands at the groin rather enlarged. The deep-seated veins were all loaded in a manner similar to those above mentioned; and on removing the coagula, a thin membranous layer was found to be adherent to the inner surface of the veins. The common iliac had a greenish hue, and appeared as large as the inferior cava; but this distention terminated abruptly where it formed the right iliac. The veins on the right side were healthy.

Dr. Forbes asks, "had the subject of the disease been a woman in the puerperal state, would it not have been considered Phlegmasia dolens?" Possibly it might; but, in our opinion, it would have been an erroneous view of the case, which was simply what Dr. Forbes himself has called it — "inflammation of the iliac and femoral vein."

A case of hydrophobia — of course a fatal one — is related by Dr. A. T. Thomson. — A boy was bit by a rabid cat in the hand; the wounds, three in number,

were cut out next day by Mr. Gaskell, and the incisions were healed in nineteen days. In rather less than three weeks after, he was seized with symptoms of hydrophobia, and was attended by Mr. G. and Dr. Thomson, who employed opiate frictions externally, and prussic acid internally, with apparent but deceitful advantage, as he died in three days. The most interesting part of the case relates to the appearances on dissection. The whole of the cellular membrane between the theca vertebralis and the parietes of the canal, was loaded with suffused blood, which, in several places, lay in a black coagula. Six inches of the chord from the third cervical vertebra to the fifth dorsal being removed, and the dura mater slit up, the vessels of the spinal chord were seen turgid, particularly those which accompany the dorsal veins. There is a lithographic representation of the parts, presenting one of the most beautiful specimens of the art we have seen; it is drawn by Mr. Perry.

There was some appearance of inflammation about the base of the brain; the larynx and pharynx displayed a slight blush, and there was some ecchymosis about the stomach.

The case is followed by some remarks by Dr. Thomson, which consist chiefly in historical details.

The next communication is entitled, *An Extraordinary Case of Ovarian Dropsy*. The patient was many times tapped, and many quarts of fluid drawn off: but there is nothing extraordinary in that. The paper is one of little interest.

Dr. Merriman has offered some observations on the question respecting the utmost period of utero-gestation. The contrariety of opinion on this point arises from the difficulty of determining the period from which the pregnancy is to be dated. Some calculate from the time the catamenia intermit — others from a fortnight after the intermission; some reckon from the date at which the next appearance of the menses ought to have taken place. All such calculations must necessarily be erroneous, as they commence only from the appearance of some phenomenon caused by the previous impregnation; it is manifestly absurd to reckon gestation from any date connected with menstruation, as it must have taken place before any change in that function is apparent. Dr. Merriman's plan is to ascertain the last day on which

any appearance of the catamenia has been distinguishable, and he assumes that the two hundred and eightieth from this date is to be regarded as the legitimate day of parturition.

He gives tables of the births of 114 mature children calculated from, but not including, the day on which the catamenia appeared for the last time: the summary of these gives, 3 births in the 37th week; 13 in the 38th: 14 in the 39th; 33 in the 40th; 22 in the 41st; 15 in the 42d; 10 in the 43d; 4 in the 44th: 9 births occurred on the 280th day, and 8 on the 277th; after which the numbers decrease irregularly. Dr. Merriman has seen some cases in which the period of delivery, dating from the last appearance of the catamenia, has exceeded 44 weeks, and is, therefore, of opinion that utero-gestation may be protracted beyond the usual period. In illustration he gives the case of Mrs. J., who had borne eleven children in ten pregnancies. She was regular in March 1813. The menstruation ceased on the 7th, and she believed that she had conceived on the 8th, but her labour did not take place till July 11th, 1814, making 309 days. In the evidence on the Gardner Peerage a different opinion has been given with regard to this case.

A case of extra-uterine gestation is related by Mr. Norman, of Bath, in which the foetus was extracted through an opening made in the posterior part of the vagina, between the uterus and rectum. This operation was resorted to in consequence of it being impossible to distinguish the os-uteri at the period when labour was expected. The patient died, and on examining the body, the small intestines and peritoneum were found inflamed. The placenta, which was not removed during the operation, from the funis having been torn high up, adhered to the right ligamentum latum. The os-uteri was situated above the pubes, as in retroversion.

The two papers next in succession relate to laceration of the uterus. Two cases are detailed by Mr. Birch, one of which proved fatal at the end of nearly two months; and the other terminated successfully. In the former the intestines were found after death to be glued together at various parts; the peritoneum in the pelvis and lower part of the abdomen was of a dark colour, exactly resembling the pigmentum nigrum; but without having lost its polish. In the

uterus was perceived a longitudinal laceration at the posterior part of the cervix and upper part of the vagina, about an inch and a half long. There was an attempt at separation, by the effusion of lymph, but no granulation. A very good lithographic plate accompanies the paper.

The other cases (one of which is recorded by Dr. Smith of Maidstone) both terminated favourably.

An Essay on Dislocations of the Vertebrae, by Mr. Lawrence, next presents itself to our notice.

It is an elaborate and not uninteresting paper. The interest, however, depends upon the historical details connected with the subject which it contains, rather than upon any novelty regarding either the pathology or practice of these accidents. Complete dislocations of the bodies of the vertebrae without fracture are so rare, that even the probability of their occurrence has been doubted by surgeons of high authority; among whom are Boyer, Delpech, and Astley Cooper. Some, however, have maintained an opposite opinion; and Rust gives a case which happened under his own care, which he regarded as dislocation of the spine in the neck. "The injury (says Rust) was produced by a severe fall on the head. The neck was completely bent to the right side, the upper extremities already paralysed, and repeated attacks of convulsions and hiccough came on. Replacement was immediately attempted, and succeeded. I made the patient sit on the ground, and had the head drawn straight upwards by a strong assistant. The patient got well under the employment of cold locally."

The anatomical peculiarities of the spinal column in the neck would point out the cervical vertebrae as most exposed to this accident, and with regard to the atlas, no doubt can exist of its occasional luxation. So likewise the articular surfaces of the other vertebrae of the neck may be partially displaced by external force; perhaps even by the powerful action of the muscles. Desault used to mention in his lectures, the case of an advocate, who met with this accident by turning his head suddenly round to look behind him: and another instance, in which a child turning heels over head on a bed, had the head inclined towards the left shoulder, and fixed in that position so firmly, that considerable force failed to restore it to the natural position. In yet another case

the attempt at reduction was not so harmless, as the child died under its employment. According to Boyer, from whom the above cases are taken, there is no example of both articular processes having been dislocated at the time. There are some specimens in the museum at St. Bartholomew's, tending to illustrate this subject, and which Mr. Lawrence particularly describes. In one the right inferior articular process of the fifth vertebra is dislocated forwards. The spinal column above the injury is twisted to the left, and the body of the fifth vertebra projects beyond that of the sixth; so that the fibro-cartilage must necessarily have been injured. There is also a slight fracture in the upper and fore-part of the bodies of the sixth and seventh vertebræ. In another the lower articular surfaces of the fifth vertebra of the neck have been drawn upwards, so as to separate them from the corresponding articulations of the sixth; but they are not thrown forwards, and though partially separated behind, retain their natural situation in front. This is the kind of injury which Mr. Bell has particularly described under the name of *Diastasis*. "A weight on the head and shoulders (says Mr. Bell) overpowering them, and bending them double, the articulating processes of the upper lumbar vertebræ are bent from their connections: if they again fall into their places, the case is diastasis." In the specimen described by Mr. Lawrence, it is supposed that a force had been applied from behind, so as to bend the neck powerfully forwards; after which the bones had resumed their natural position, and freed the spinal cord from pressure.

The next specimen mentioned by Mr. Lawrence is one in which the sixth cervical vertebra is dislocated upon the seventh; but as the specimen is imperfect, it is not possible to determine whether there was fracture or not.

Mr. Lawrence then relates a case of considerable interest, which lately fell under his care. A young man, previously in perfect health, was brought to St. Bartholomew's hospital on the 8th of January. While carrying a heavy load on the back part of the head and neck, he fell on his buttocks in the act of going down some steps; he immediately lost all sensibility and voluntary power in the body and limbs. When brought to the hospital, the functions of the brain were undisturbed; he was paralysed below the injury: respiration was performed by the

diaphragm; the pulse was weak and slow; the body cold; the penis in a state of permanent erection. He was placed on the back in bed, and his head carefully supported; after some hours, reaction having commenced, he was bled and purged. Next day he could move the arms a little, and had some feeling in the upper and fore part of the chest: on the third day he had a tingling sensation in the hands, and was sensible to impressions in the upper part of the arms and thighs. There seems, however, to have been no other improvement: the urine and fæces continued to pass involuntarily, and the breathing became more laborious. He gradually sunk, and died early on the morning of the 12th. On cutting away the muscles from the back of the neck, the superior articular processes of the fifth cervical vertebra came into view, the inferior processes of the fourth vertebra being completely thrown forward. The ligaments connecting the laminae of the two vertebræ were torn, as was the fibro-cartilage, and the bones being disunited, the body of the fourth vertebra was completely propelled by its whole length in front of the fifth; and the antero-posterior diameter of the vertebral canal was thus diminished one-third.

In this case, the injury being below the origin of the phrenic nerve, the diaphragm continued to act, while the intercostal and abdominal muscles were paralysed. At first the function of breathing was sufficiently well executed; but the inadequacy of the diaphragm to carry on respiration unassisted, soon became evident, and the difficulty continued to increase till the death of the patient.

The next case related by Mr. Lawrence is one of dislocation of the atlas and axis, from disease, with consequent ankylosis. A child (five or seven years of age) was supposed to have hydrocephalus. After some time, a swelling took place in the neck, obviously containing fluid, and which gradually increased till it contained several ounces. Pressure on this produced coma. All the symptoms, however, gradually subsided, and at last entirely disappeared, together with the swelling of the neck. The child died at the age of twelve, of disease of the lumbar vertebræ, with abscess. The examination being made during the heat of summer, the brain was too much softened to admit of its condition being very accurately ascertained; but the attention was attracted by a considerable bony prominence, which was observed standing up

in the right side and front of the foramen magnum. It soon became apparent that this was the dentiform process of the second vertebra, covered by the dura mater. The relative position of the occiput, atlas, and axis was altered, and the bones firmly ankylosed in their new positions. The axis was completely dislocated from the atlas and occiput to the right, so that its left portion intercepted about a third of the spinal canal, and the dentiform process projected by its whole length into the cavity of the skull, at the anterior part of the foramen magnum. The antero-posterior diameter of this was one inch and a half; the greatest measurement from side to side one inch and a quarter; the diameter of the ring of the third vertebra from side to side seven-eighths of an inch; from front to back six-eighths; the canal between the displaced portions of the atlas and axis half an inch from before backwards, and five-eighths from side to side. Mr. Lawrence makes various observations on this case, the most important of which are contained in the following extract: "The size of the foramen magnum, and the dimensions of the vertebral canal in the neck, are considerably beyond what would be necessary for simply containing the spinal marrow, so that the free lateral movements of the head and atlas can be executed without any risk of pressure on that important part. Hence, spontaneous displacement can occur, in these cases, to a considerable extent, without impairing the functions of the spinal chord. The case, which I have related above, strikingly illustrates this circumstance; no paralytic symptoms occurred, and the spinal chord, which was still in its situation, when the bone was brought to me, was free from pressure, though the dimensions of the canal had been reduced to about one-half their natural extent. This circumstance has not been sufficiently attended to by some of those who have described the affection. Observing the diminution of the vertebral canal, they seem to have inferred that the spinal cord must be compressed; and they accordingly mention such pressure among the ordinary effects of the disease. In most instances, however, as there are no paralytic symptoms, we may safely conclude that there has been no pressure; while in the cases in which sudden dislocation of the dentiform process has occurred, either from accident or disease, the consequent pressure on the spinal cord has been immediately fatal. Slight

compression of the cord or its membranes, or the consequences of such inflammation as may be produced by that pressure or by the disease of the bone, are probably the causes of the paraplegia, or other partial paralysis which occasionally takes place. In his first observations on the subject, Rust gives a very unfavourable opinion of the probable termination of the complaint. He says that it had been fatal in all the cases under his observation, and he makes it a question whether it admits of cure. He mentions, however, in his treatise on diseases of the joints, that nature has effected a cure in some instances, and he cites the case of a patient who was under his care in the Vienna General Hospital, with a stiff neck and head, and obliquity of the latter; in other respects he was in good health. He found a motionless state of the three first vertebræ with exuberant bony deposition, and the history of the case left no doubt that it was a spontaneous luxation of the head."

(To be continued.)

A Treatise on those Diseases, which are either directly or indirectly connected with Indigestion, comprising a Commentary on the Principal Ailments of Children, By DAVID UWINS, M.D. &c. Lond. 1827. pp. 274.

WE have stated in our address, that we shall only analyse at length those works which contain useful information.—The present volume does not fall under this description, being written in a very desultory manner, and being absolutely destitute of any thing having the slightest claim to originality.—Every doctrine is held by our author to be both true and false.—Is he asked whether asthma and hooping-cough are diseases of the lungs or of the stomach? he answers, "they are both, and they are neither." If the question be whether fever is contagious? he replies, that it is "contagious, and not contagious." In a word, Dr. Uwins is of opinion, that "nothing is, but what is not." He protests against "being understood as precise and determinate," and we for our parts entirely absolve him from any such imputation. Indeed, it is obviously a great object with the author throughout, to guard himself against the expression of any opinion; and if by accident he does so, it is immediately qualified by something which renders it perfectly nugatory. Dr. Uwins may rest satisfied that he has not committed himself, and

that no one who reads his book will be able to quote him as authority for a single doctrine, the truth of which, if admitted in one paragraph, is not denied in another.

A Treatise on the Cutaneous Diseases incidental to Childhood, comprehending their Origin, Nature, Treatment, and Prevention. By C. DENDY, Surgeon to the Royal Infirmary for Children, &c. Lond. 1827. pp. 289.

THE style adopted in this volume is flowery, and most unfit for the subject. Indeed, but for the specimen before us, we could scarcely have imagined that diseases of the skin and poetry were at all compatible. The descriptions, where they differ from those of Bateman and Plumbe, are inferior to them; and the plate, which is divided into twenty-four little compartments, like those of a backgammon board, is miserably executed.

HOSPITAL REPORTS.

GUY'S HOSPITAL. *

Hydrocele with Anasarca Scroti.

JAMES Brooks, æt. seven, with light hair, thin, fair skin, and light grey eyes, was admitted October 4th, under Mr. Key, with a collection of fluid in the tunica vaginalis, combined with general anasarca of the scrotum. His health appeared to be much deranged, indicated by a foul tongue, loss of appetite, and tumid belly: he complained of great uneasiness, when pressure was made in the right hypochondriac region. He was ordered Hydrarg c. Creta gr. ij. every night; and twice a week a powder composed of jalap, scammony, and calomel, with 2 drachms of castor oil, on the following morning,—and to keep the recumbent position.—10th. His general appearance much improved; his tongue is become cleaner, and his motions have assumed a more healthy character; the tenderness in the hepatic region, however, still remains, and the linimentum ammonia is, in consequence, ordered to be rubbed upon the abdomen night and morning.—25th. Much improved in every respect; the abdominal tenderness much diminished, the fluid in the cellular membrane nearly absorbed: and the dis-

tion of the tunica vaginalis considerably less than when he was admitted. Ordered to keep the scrotum wet with Spt. rectificat. ℥j. Liq. Ammon. acet. ℥j. Ammon. Muriat. ℥ij. Aqua ℥vj. Fiat Lotio.

30th. The symptoms indicating hepatic derangement are entirely removed, and with them the œdema of the scrotum has disappeared, and the hydrocele itself is nearly gone.

November, 19th. Discharged cured.

In his clinical observations on this case, Mr. Key remarked, that although hydrocele was, in general, a purely local disease, in some instances depending upon, in others entirely unconnected with, a morbid condition of the testes; yet that it was frequently a symptomatic affection, indicating some serious derangement in the thoracic or abdominal viscera: he instanced the case of a man, whose hydrocele he had some time since tapped, and who two months after, was seized with symptoms of hydrothorax, which terminated in confirmed dropsy of the cavities. The present case was to be considered as depending entirely on some morbid condition of the liver, which, if not corrected, would probably at no very distant time have been followed by ascites and anasarca of the lower extremities. He observed, that hydrocele in children was often dependent on obstructed abdominal circulation, or intestinal irritation, and might generally be removed by constitutional measures.

MIDDLESEX HOSPITAL.

Injury of the Head.

J. CLEAVER, æt. eighteen (under the care of Mr. Mayo) fell from a scaffolding on the 24th of September: the scalp covering the left parietal bone was torn, and the pericranium partially detached. The integuments were cleansed and replaced: some degree of adhesion took place. In the course of the following month he had two attacks of erysipelas of the scalp, during which he took salines with tartarized antimony, and occasional doses of calomel.

On the 25th of October he had quite recovered from the last attack of erysipelas, when he noticed that his right hand was unusually weak.

On the afternoon of the 28th he had an epileptic fit, which lasted five minutes. For the three following days the weakness of the hand increased; he could move his

* We shall generally insert the Hospital Reports in the order we receive them, without giving intentional precedence to any.

wrist and fingers, but could not support a moderate weight, such as a pewter inkstand. On examining the skull, the portion of bone which had been originally denuded, was found to be proceeding to exfoliate, a groove having been formed round it by absorption. It appeared likely that at one part or other the exfoliation might occupy the whole thickness of the bone, and that matter had formed upon the dura mater. Under this impression, Mr. Mayo was prepared to use the trephine, in case the symptoms should become more urgent: the patient in the mean time was bled, placed upon low diet, and took antimonial salines. However, from this period he gradually recovered the use of his hand, which is now as strong as ever. The portion of bone was so loose on the 3d of December as to admit of being removed with the dressings: at the edge it was of the thickness of the outer table only; centrally, for the length and breadth of half an inch, it consisted of the entire substance of the bone, as had been anticipated. The dura mater and the surface of the living bone were covered with healthy granulations.

Hernia Cerebri.

Samuel Makeller, a child six years of age, was kicked upon the temple by a horse on the 21st of September; he was stunned by the blow, but by the time he was brought to the hospital he had perfectly recovered. The integuments were cut, and there was fracture with depression, extending across the coronal suture from the parietal to the frontal bone on the right side. The fracture was about three inches in length; the depression of the depth of two lines. The edges of the wound were brought towards each other with adhesive plaster: he was placed upon low diet, and the bowels acted on by aperients containing calomel every other night.

For several days he remained perfectly well; yet it was evident that the dura mater was detached, and that matter was interposed between it and the bone; for, upon dressing the wound, pus was seen upon the ledge formed by the depressed portion of bone, which was evidently lessened in quantity at each inspiration, being drawn within the skull.

On the 4th of October he became indisposed; he had shivering, and vomited several times; the bowels were confined, and acted upon by medicine with difficulty. The pulse, which hitherto had been 120, fell to 60, and became extremely irre-

gular, intermitting every third, fourth, or fifth beat. Leeches were applied to the head, and mercurial purgatives were prescribed; the pulse rose, and though the tongue and skin continued dry, his general appearance was improved: antimonial salines were administered. On the 13th his skin was cool, his tongue moist, his appetite had returned, but his nights were disturbed and restless.

On the 15th, about one o'clock, having had a rigor, he became insensible; the breathing was stertorous, the pulse fell to 60 again, but was regular, the pupil of the right eye was dilated, the right side of the face was convulsed, as well as the left arm and hand. The trephine was applied, so as to allow of the elevation of the depressed portion of bone, which, being found to be detached, was removed. About five ounces of pus escaped from the cranial cavity during and after this operation, that had lodged between the cranium and the brain: the dura mater was in a sloughy state. The child immediately showed signs of returning consciousness: the pupils of both eyes acted perfectly on the admission of light; the pulse rose to 100. Towards evening, the child recognized its father and mother, and answered yes and no pertinently to questions put to it.

On the following day the interval between the bone and the surface of the brain was filled up by a greenish black substance, which rose above the level of the integuments: moderate pressure was made upon it by means of a roller; but the hernia cerebri continued to increase. On the 19th a ligature was tied round the base of the tumour, which was then removed with the knife; it consisted, as is usual, of an outer crust of coagulated blood and secretion, containing pure cerebral substance. By the 27th the hernia cerebri had again formed a tumour of the size of a walnut; a ligature was drawn round its base, and it was removed with the knife; its structure was found to be the same as in the former instance, with this difference, that the cerebral substance was unusually indurated. Another protrusion rapidly took place, and the child died on the 1st of November, having become emaciated to the last degree. For forty-eight hours before death, there was constant subsultus; the muscles of the right side of the face, and of the left arm, were more convulsed than the rest. The child had continued sensible till within a few hours of its death. Great pains had been taken to give it the little nourish-

ment which it had appetite to swallow; the bowels acted readily, and for the last few days unconsciously.

On opening the head, the arachnoid membrane upon the affected side was found to have become thickened and opaque, and about three ounces of pus were contained between it and the dura mater.

ST. GEORGE'S HOSPITAL.

Curious Tumor of the Head.

ANNE CHAPMAN, æt. 55, was admitted November 6th under the care of Mr. Rose.

The patient came to the Hospital from some part of Essex, on account of a large and old bronchocele. On the right side of the head, towards the back part of the parietal bone, there was noticed a tumor of the scalp, about the size of a half-orange; it fluctuated, and yet it was scarcely so tense and elastic as fluid in a shut cavity commonly is. A puncture had been made into it by a gentleman in the country, three weeks previously, and a probe was now introduced into the opening, when some glairy serum issued, mixed with blood, but no pus. This was at two p. m. of the 6th. At one a. m. of the 7th, she was seized with a rigor, which lasted for two hours, and was succeeded by heat of skin, furred tongue, and nausea. The side of the head and tumor became sore, but without redness or swelling, and a lymphatic gland at the back of the neck enlarged, and was very painful. — *Cat. Lini tumori H. Salin. effervesc. 4tis horis.*

Vesp. Had another rigor in the afternoon. The skin is hot; and there is some head-ache and confusion. The abdomen is tender on pressure, and the countenance anxious. A quantity of bloody discharge escapes from the tumor, which is more painful.

8th. Has had a restless night, with slight shivering at times; head-ache; more pain in the tumor, which is swollen, with œdema of the cellular membrane around; countenance anxious; turns from side to side in bed; abdomen tender; no vomiting. A slight erysipelatous blush has appeared upon the bronchocele. Pulse 120, small and indistinct. She cannot be got to swallow any thing. Towards evening she sunk into a semi-comatose state. At four a. m. next morning she died.

Sectio Cadaveris. This was performed at half past one p. m. of the same day.

The tumor was soft, but still fluctuated. The skull-cap having been removed with the portion of scalp in which the tumor was situated attached to it, there was found to exist an opening in the bone, about the size of a half-crown piece, through which the external tumor communicated with the dura mater. This membrane was sound, rather injected at the part certainly, but not thickened or otherwise diseased. The scalp was then dissected off the tumor, which could be readily done, and an incision made longitudinally into it, disclosing its structure. It was found to be made up of two or three small cysts, containing serum and coagulum, placed in the centre of a dark, putrid, ragged-looking mass, intermixed with small particles of bone, and in appearance not very unlike the broken-down contents of an aneurismal sac. The tumor passed down, contracted in size, through the opening in the cranium, and expanded below upon the dura mater, to which it adhered, though not very firmly. The brain beneath was perceptibly flattened, but not altered in structure. One appearance was worthy of remark. On the inside of the skull, around the margin of the aperture, there had been thrown up a ridge of new, and very vascular ossific matter, forming a kind of *cordon sanitaire* around the disease. It bore an exact analogy to the adhesive process which we see set up around ulcers in soft parts, to confine the disorganization which is taking place. The bronchocele was limited to the right lobe of the gland, and in structure closely resembled that of the tumor in the head. No other particular appearances were observed.

It is to be regretted that no accurate history of this complaint was obtained from the patient prior to the occurrence of the severe symptoms, when, of course, she was unable to give any. The case was so like encysted tumor of the scalp, that it had been determined on to make an incision into it, in the course of a day or two. It is certainly curious, that so formidable a disease should have gone on for a length of time, as this must have done, without producing any very apparent constitutional disturbance. The woman came to the hospital, as was before stated, on account of the bronchocele, and on the house-surgeon noticing the state of the head, she replied, "Oh, sir, that is only a little tumor."

The origin of the morbid growth may admit of discussion; it evidently did not

arise from the dura mater, for that was sound. Mr. Rose, Mr. Brodie, and indeed the majority, were of opinion, that it commenced in the diploë of the cranium. There is at present in the hospital another very interesting case of extensive disease of the parietal bone, which we shall take an early opportunity of detailing.

ST. BARTHOLOMEW'S HOSPITAL.

Extensive Phagedena of the Prepuce and Glans.

WILLIAM HARRIS, æt. 25, admitted November 1st under Mr. Lawrence. About five weeks ago, he first perceived a gonorrhœa, speedily followed by complete phymosis, but he did not see any ulcer; he applied to a medical practitioner, who gave him mercury. He continued to take this about a month, when his mouth became tender. During the whole of this time he continued to get rather worse, and on the morning of Tuesday last he observed the end of the prepuce to be discoloured; this afterwards increased during the day, quickly spreading over the whole of the extremity of the penis, and by the next morning there were two large holes in the prepuce. From that time to the present, the destruction has advanced rapidly, and the part now presents the following appearance:—the prepuce and glans seem one large slough, the wound distilling a fetid ichor, and the remainder of the penis enormously swelled; but inflammation does not extend beyond the margin of the wound, and the process seems to be stopped, for there is a decided boundary. The constitutional disturbance is considerable; pulse 115, and full skin, hot and dry; tongue foul; bowels confined. Ol. ricini ʒj. stat. Cataplasma Panis.

3rd. The wound is looking better: some slough has come away, and he is improved in other respects; less fever; pulse 90; bowels open. Cont. Cat. Panis. Mist. Salina ad libitum. Pil. Saponis c. Opio gr. v. h. s.

5th. The wound is quite free from slough; granulations are shooting up, secreting healthy pus; the swelling of the penis is not materially diminished. Inf. Cinchon. ʒ iss. c. Acid. Sulph. diluti, gtts. xx. ter die. Haust. aper.—Omit. Pil. Sap. c. Opio.

18th. The same remedies have been continued. The wound is not now above half its former size; the urethra is not much retracted, and he makes water perfectly well.

Sloughing Phagedena, with loss of Glans Penis.

JAMES THOMPSON, aged 19, admitted under Mr. Earle, Oct. 25th, with extensive sloughing phagedena of the penis. On Wednesday, 17th, a week after connection, he perceived symptoms of gonorrhœa; but there was no sore, although the prepuce was much swelled and very painful: the discharge was moderate. On Monday he applied to a practitioner, who ordered him the black wash and some pills: his mouth became rather tender.

On Tuesday morning he first perceived a blueish blister on the side of the glans, which soon broke and left an ulcer that spread with great rapidity. In the evening he was directed by his attendant to leave off the pills and wash; to take a purgative draught, and to apply a linseed poultice. No other measures were adopted till he was admitted, when the prepuce and glans were a complete dead mass, but still adherent. The gangrene was clearly in progress, the surface very foul and painful, covered with a fetid discharge; the margin in a state of violent inflammation, of a dusky and malignant appearance, extending upwards on the penis, which was much swollen; pulse full and frequent; tongue foul; bowels confined. V. S. ad ʒ xij. Hyd. Submur. gr. iij. Jalapæ gr. x. statim. Mist. Salina c. Potassæ Nitratis gr. viij. 4tis horis. Cataplasma Panis.

26th. The ulcer has not materially advanced, nor is it much altered in appearance; pulse 105, full and labouring; bowels have been moved freely. Omit. Mist. R. Ant. Tart. gr. ij. Aquæ ʒj. Sumat ʒj. 2da quaque hora donec nausea supervenerit, et postea horis quartis. Lot. Opii ʒj. c. Acid. Nit. Fort. gtts. iij. sub cataplasma applicand. This treatment was commenced about 4 p. m. In the course of a few hours nausea and diaphoresis were produced, when the pulse became calm, and fell to 90.

28th. The appearance of the sore has improved, and the progress is completely checked; some of the slough has come away, and the discharge is more healthy. Cont. Lotio et Cataplasma. Sumat Solut. Chlorinæ m. xx. ter quotidie. Omit. Ant. Tart.

Nov. 18th. The wound is now nearly healed; the end of the urethra is prominent about the centre of the surface, and the patient makes water with perfect freedom, and he is fast recovering his health.

Dec. 4th. Made an out-patient.

ST. THOMAS'S HOSPITAL.

A YOUNG lad, having a severe injury of the head, without external wound, and marked by mixed symptoms of commotion and pressure, was admitted on Friday 30th ult. under the care of Mr. Travers. The particulars of this, with the notice of three cases of extensively-fractured skull occurring in lads of about the same age since the middle of the preceding month, we shall report in a future number. Mr. Green lately cut down upon the ununited portions of a fractured femur in a sailor, and after dissecting away the cartilago-ligamentous matter which surrounded and connected them, and formed a species of false joint, he sawed off the extremity of the upper and overlapping portion. The history of the case we shall shortly report, with the result of the treatment. The seton had been previously employed without benefit.

PROCEEDINGS OF LEARNED SOCIETIES.

MEDICO-CHIRURGICAL SOCIETY.

Tuesday, Nov. 27.

Mr. Travers in the Chair.

DR. SEYMOUR read a paper, containing an account of some cases of malignant disease of the stomach, which had fallen under his own observation. The duodenum and even the liver were in some of these instances involved in the morbid alteration of structure, which appeared to be genuine fungus hæmatodes. Various methods of treatment, among others, the use of the hydriodate of potass, had been adopted, but without any advantage. The most remarkable circumstance connected with these cases was the absence of any considerable pain, and the power which the stomach possessed of retaining, and, to a certain extent, digesting, food.

Dr. James Johnson was of opinion, that the absence of pain and vomiting depended upon the nature of the disorganization being such, as to present little impediment to the passage of the chyme through the pylorus.

Mr. Travers stated that he had seen numerous examples of the disease described by Dr. Seymour, both in the stomach and in the intestines; he alluded to the great difference in the degree of pain experienced by different individuals,

as a remarkable circumstance in the history of malignant disease.

After a few remarks by other gentlemen, Mr. Lloyd read an account of a case of aneurism, in which the disease had been cured by compression, without obliterating the trunk of the artery. The case occurred to Mr. Salter, and was briefly as follows. A woman had the arm cut with glass, by which the humeral artery was wounded; a tourniquet was applied; and as on unscrewing this after a short time, no bleeding took place, the intention of tying the vessel was abandoned, and the wound dressed simply. It healed without difficulty; but at the expiration of some months, a tumour was observed in the site of the wound, which gradually increased. The patient being pregnant, it was resolved to try the effect of compression instead of the common operation. The arm was bandaged so as to keep up pressure on the tumour, under which it diminished, and in a few months had almost entirely disappeared. About a year ago the patient died of consumption, when it was found that the aneurismal tumour was nearly removed, while the vessel remained pervious. Mr. Salter is of opinion that of late the practice of applying pressure has been too much neglected.

LONDON MEDICAL SOCIETY.

Monday, Dec. 3.

Dr. Haslam in the Chair.

A CASE of extensive fracture of the skull, which happened only 22 years ago, in the person of Lieutenant Sheppard of the Royal Marines, was first related. It possessed not the least interest, and exacted not a single remark. This ought to be a lesson to those who come forward in societies with common-place cases and observations.

A gentleman (we believe Mr. Hendy) next detailed the case of a patient who was seized with pain in the right side, and certain symptoms which were conceived to indicate *Hepatitis*; but which, to our minds, conveyed the phenomena of pneumonia, seated in the lower portion of the right lung, and perhaps in the pleura covering the opposed portion of diaphragm. Relief was obtained by venesection and the usual means, and things appeared to be going on favourably. But, after a few days, the pulse rose, and now an expectoration came on, of a very bad character. Mr. Lawrence

was called in, and pronounced the disease to be very mysterious. We need not detail the steps that were taken. They were of no avail, and the patient died, we believe, in twelve or fourteen days from the commencement of the first symptoms.

On dissection, tubercles were found in the lungs, especially the upper portions; and the right lung presented a very fine specimen of the two last stages of peripneumony, as described by Laennec, — viz. hepatization, and purulent infiltration. The same states had extended to the left lung, though not in such an extreme degree. The pleura costalis and pulmonis of the right side presented unequivocal marks of inflammation, which had extended to, and through the diaphragm, which was ulcerated. There was some purulent matter between the convex surface of the liver and the diaphragm; but the substance of the liver was nearly, if not entirely, unaffected.

This case led to a very warm and animated discussion. Dr. Johnson agreed with the author of the paper, that the inflammation had commenced in the chest; and that the diaphragm and peritoneal covering of the liver were secondarily affected. The dissection, therefore, falsified the original diagnosis. — Here, Dr. Johnson maintained, that the pathological investigation proved the two last stages of peripneumony, as laid down by Laennec, and showed that auscultation would have clearly distinguished the disease in the living body. The case was one, therefore, which showed the importance of not trusting to the mere external symptoms, but of calling in to our aid the physical signs, as revealed through the stethoscope. Dr. Burne agreed with Dr. Johnson in his statements. Mr. Langstaff, Mr. Lloyd, and the author of the paper, *showed cause* against the opinions of Dr. Johnson, Dr. Burne, and Mr. Lambert; but, in our opinions, they had the worst of the argument. The author had stated that the patient evinced no dyspnœa at any period of the disease. Dr. Johnson could not see how the patient could possibly have breathed without any difficulty, with almost the whole of the lungs on both sides in a state of tuberculation, engorgement, hepatization, and even purulent infiltration. A sharp skirmish took place on certain points of physiology and pathology, between Dr. Johnson and Mr. Lambert on one side, and Messieurs Langstaff and

Lloyd on the other. Upon the whole, the discussion of this evening kept all the members in a state of excited attention, and was very creditable to the society.

WESTMINSTER MEDICAL SOCIETY.

Saturday, December 1.

Dr. James Somerville in the Chair.

MR. STAFFORD brought before the Society the subject of division of stricture of the urethra by two instruments of his own invention: the first is adapted to the impermeable permanent stricture; the second to the permeable one. Both are of silver, and their curve is less than that of the common catheter. The first is hollow, with a moveable lancet at its point, which can be pushed forwards, or retracted within the instrument, by means of a stilet contained in it. This instrument is passed up to the stricture, the lancet pushed forwards, and the obstruction so far divided; the lancet is then retracted, and the blunt point again advanced. By a succession of these actions, a stricture of an inch or two in depth may be completely cut through. The second instrument is more complex. A small silver catheter, open at both extremities, is first passed into the bladder. Through it a long piece of wire, forming a stilet, is introduced, and the catheter withdrawn. On this wire the instrument, which has two lancets at its point, one on each side the wire, is carried up to the obstruction; the two lancets pushed forwards, and the division completed as in the former instance. With the first, Mr. Stafford has operated six times; with the second, five; the four latter cases having occurred under Mr. Earle, at Bartholomew's Hospital. Mr. S. here briefly detailed these cases, all of them being, as far as they go, successful. Except in the first case on which he operated, he had not known any severe constitutional irritation follow the operation, which he considered infinitely preferable to the use of the armed bougie, or division of the stricture from the perineum.

Mr. Hawkins was inclined from analogy to approve of the invention. He doubted, however, whether the cure would be more permanent than by the old method, on account of the disposition to contraction in the cicatrix. He thought, too, that in such a narrow canal there must be no inconsiderable danger of making a false passage, particularly in

old strictures, which are mostly cartilaginous and consequently less easy to cut through than the surrounding soft parts.

Mr. Stafford allowed that false passage might follow the use of the first instrument, but denied that this could ever be the case with the second.

Mr. Arnott thought the plan a good one. With reference to the permanence of the cure after division, Mr. A. related a case, wherein he divided a stricture from the perineum, five years ago, and the man can pass a catheter No. 12., with ease.

Dr. Barry thought that with this instrument there must be imminent danger of a false passage, because the lancet follows the line of the curve, which is upwards. Dr. B. passed a high eulogium on the practice of M. Amisart, of Paris, who always uses a straight instrument, armed not with one, but many cutting points. His success is very great.

Dr. Ley said, we must not lose sight of the distinction between permeable and impermeable strictures. In the first, he thought the method likely to prove of service; in the second, he deemed it unnecessary. When a catheter capable of containing a stilet can be passed into the bladder, what is there to prevent the ordinary method by dilatation? The doctor also alluded to the French instrument, of which he did not at all approve, and observed, that, whatever might be the direction of the urethra in Paris, it most certainly had a curve on this side of the channel.

A laughable, but perhaps not very profitable discussion followed on the relative bearings of English and French urethræ, Dr. Barry stoutly maintaining that the path was nearly straight, whilst Dr. Ley argued that it was much more inclined to be crooked. After a good deal of speaking, and some rather *piquant* observations, both parties apparently endeavouring by

“Holding out to tire the other down,”

the general opinion seemed to be, that the urethra was straight, or might readily be made so, as far as the bulb, whilst between that and the bladder it assumed a curve.

EXTRACTS FROM JOURNALS, *Foreign and Domestic.*

RECOVERY OF AN INFANT WHO TOOK THIRTY DROPS OF LAUDANUM.

A CASE is related in a recent number of one of the *American Medical Journals*, in which thirty drops of tincture of opium were given by mistake to an infant ten days old. The usual effects of large doses of a narcotic poison supervened, when recourse was had to artificial respiration. Air was blown into the mouth by a female attendant, and the abdominal muscles and diaphragm pressed upon so as to carry on the function of breathing. By persevering in this method for two or three hours the brain had time to recover from its state of oppression, respiration became completely re-established, and the infant recovered. This is a highly important application of the physiological principle established by Mr. Brodie. We call attention to this case the more, as we observe by the newspapers that a child 14 days old was poisoned last week in the neighbourhood of Euston Square by a teaspoonful of syrup of poppies. Mothers and nurses cannot be too strongly cautioned against administering this or any other form of opium to their children, except under the guidance of their medical attendant.

PERFORATION OF THE INTESTINES BY WORMS.

A LADY forty-four years of age, who had been long subject to bilious complaints, and who had suffered much from intestinal worms which she sometimes passed by the mouth as well as per anum, was attacked with abdominal inflammation. The symptoms yielded to the application of leeches and other means, but the pain continued in the right groin with some fever: the patient now stated that she had had a tumour in this situation, about the size of a nut, for two years, but she refused to submit to an examination. Poultices were applied, under which the tumour increased in size, and became hot, with throbbing pain. In two days she became worse, and allowed the parts to be examined, when it was found to have the characters of a phlegmon, extending some inches over the abdomen and down the thigh. Fear, lest it should prove an old hernia, seems to have produced some embarrassment in the treatment; but after a day or two a little slough formed in

the centre, which soon gave way, and some dirty grey matter was evacuated. On examining the abscess, an *ascaris lumbricoides* was found in it, and on introducing a female catheter, some gas and another worm were discharged. The nature of the case was now fully manifested; the patient was placed in the supine position; emollient clysters were administered; a tent of charpie was introduced into the wound, and moderate pressure applied. By these means the wound was reduced to a fistulous opening, through which some worms and fluid feculent matters escaped. At the end of five weeks the fistula was still smaller, and appeared only to be kept open by the occasional passage of lumbrici. Brisk anthelmintics were now prescribed, and the pressure on the wound was augmented. In a fortnight the worms ceased to come away, and in a month the wound had cicatrized. At the end of more than a year, when the case was published, the patient continued well. — The above is extracted from the *Diario General de las Ciencias Medicas*.

CASE OF HYDRORACHITIS CURED BY PUNCTURE.

A WOMAN of Padua brought her child, aged two years, to Professor Buggeri, on account of its having lost the use of the lower extremities: on examination, it was discovered to have a *spina bifida* in the lumbar region: the tumor was transparent, fluctuating, and painful on pressure. The mother was directed to protect the swelling from external violence, and nothing else was attempted. — One day, however, having confided the child to the care of her daughter, she accidentally pricked or ruptured the tumor, by which a quantity of limpid fluid was evacuated, but without any thing remarkable following. The mother now carried her child to Dr. Bozetti, who found the tumor flaccid; he applied a bandage so as to make slight pressure, and a few days afterwards he found it again filled — but not to the same extent it had formerly been. Encouraged by the result of the accidental puncture, he resolved to make another with a needle, and the fluid which now flowed was less abundant and less limpid than it had been before. Next day a slight degree of inflammation commenced in the tumor, which soon subsided, but not till it had produced adhesion between the integu-

ments and the parts beneath. It required after a short time to be punctured again, but the lymph which now exuded was viscid and plastic. By moderate compression the parts became gradually consolidated, so that within a year this part of the vertebral canal had acquired a semi-cartilaginous firmness, and the inferior extremities regained their power. A plate of lead was applied over the defective part of the spinal column, and kept there by a bandage. Another child was treated in the same way, and with an equally favourable result. These cases, which are related in the *Annali Universali*, are more encouraging than most of those which have occurred in this country, where, from the combination of hydro-rachitis with hydrocephalus, or from other causes, the results have not in general been fortunate.

BLEEDING FROM LEECHES.

A CASE lately occurred to M. Lisfranc, related in the *Revue Médicale*, in which a woman died from the application of leeches (the number is not mentioned) to the abdomen. The most remarkable circumstance is, that up to the third day no hemorrhage had occurred: the patient went to bed as usual, and the next morning was found dead, bathed in blood, which had flowed from the leech bites.

ARTIFICIAL ANUS CURED BY PREGNANCY.

IN a recent number of the *Journal für Chirurg. und Augenheilkunde*, the case is related of a woman who had laboured under strangulated hernia, in consequence of which the bowel sloughed at the groin so as to form a large artificial anus. Various methods were had recourse to without avail, when at length she became pregnant. As soon as, in the progress of gestation, the uterus ascended into the abdomen, the discharge by the preternatural aperture diminished, while that by the natural passage increased. During the last months of pregnancy, only a little pus and serum, exuded from the opening in the groin. The woman was confined seventeen months after the commencement of the disgusting malady above mentioned; and in two months after her accouchement, the artificial anus was entirely healed.

TALMA'S HEART.

THE great French tragedian died of stricture of the rectum, which reduced that intestine to the diameter of three

lines, causing great accumulation above it, and ultimately rupture of the coats, with effusion into the peritoneal cavity. He laboured under another complaint, however, which must sooner or later have caused his death, and which is more interesting, as having been more immediately connected with his profession. The heart adhered to the pericardium at its apex, forming a dark-coloured tumor, connected with the left ventricle, and which in reality was a true aneurism. The walls of this sac appeared to consist of the pericardium and serous membrane of the heart glued together, and containing layers of fibrin, while the muscular fibres of the ventricle considerably attenuated, were partially extended over the tumour. The size of the aneurism was about that of a small egg; it had displaced the point of the left ventricle, which was thus thrown a little forward. The origin of this pathological condition of the heart, which was not suspected during his last illness, may perhaps fairly be dated from the following occurrence related by Talma's family. Some years ago, after great exertion in playing the character of Hamlet, he suddenly felt a sensation of burning heat in the region of the heart, and an uneasiness which lasted one or two days, but which did not attract any serious attention. From this time he frequently suffered from palpitation, particularly after professional exertions. It is probable, that in a mind like Talma's, passions, though artificially excited by the cunning of the scene, and the intense and absorbing manner in which he entered into the character he represented, may have produced the same effect upon his frame, as moral impressions from external causes are wont to do on others; thus assimilating in their effects the real and imaginary in the miseries of life. It is probable, too, that had this great tragedian not laboured under the obstruction which proved fatal, he would have expired in one of those tempests of passion which held the spectators in dreadful admiration, and thus (to borrow the enthusiastic language of his countryman) he would have died *au milieu de la gloire!*

BOOKS RECEIVED FOR REVIEW.

Medico-Chirurgical Transactions, published by the Medical and Chirurgical Society of London, vol. xiii. part ii.

Reports of Medical Cases, selected with a view of illustrating the Symptoms and Cure of Diseases, by a reference to Morbid Anatomy. By Richard Bright, M.D. F.R.S. Lecturer on the Practice of Medicine, and one of the Physicians to Guy's Hospital. London, 1827, pp. 231. with coloured plates.

Flora Medica, Nos. I. and II. containing six coloured lithographic plates in each number.

LITERARY ANNOUNCEMENTS.

Mr. Frederick Salmon, Surgeon to the General Dispensary, and formerly House Surgeon to St. Bartholomew's Hospital, has in the Press a Practical Treatise upon Stricture of the Rectum, illustrating by Cases the connection of that Disease with Affections of the Urinary Organs, the Uterus, and with Piles.

Mr. Dewhurst has in the press Part II. of a Dictionary of Anatomy and Physiology, also, Part I. of "Elements of Osteology," with lithographic drawings of the bones, taken from nature, the works of Albinus, Cheselden, and Cloquet, with an appendix describing the diseases of the bones, with the treatment, &c.; also notes of the Osteology of the higher orders of animals. It will be completed in six or seven monthly parts.

NOTICES.

Our next Number will contain a Lecture of Mr. C. Bell's.

M. will perceive that we have given insertion to his letter.

Mr. Lynn's case came to hand too late for insertion in the present Number; it shall appear in the next.

We are obliged to Mr. R * * * * * for his communication, — but it does not appear to us to be of sufficient importance for publication. Paralysis is generally on the side opposite to the injury; it would have been more remarkable had it been otherwise.

We have received the new regulations of the Apothecaries, and shall take an opportunity of advertizing to the subject.

Numerous letters have been received, requiring private answers. These we shall attend to as soon as possible.

This sheet is to be folded and cut for the purpose of reading in the manner of an ordinary sheet of Duodecimo; which, if required, may be explained by any Bookseller, or Binder.

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OBSERVATIONS

ON

FRACTURES OF THE PATELLA.

BY CHARLES BELL, F.R.S.

As delivered by him in his Surgical Lectures.

Mr. BELL, in commencing his clinical course, made some general observations on the nature and advantages of this kind of instruction. He stated that he had directed strangers to be excluded, because he was anxious to express himself to his class familiarly and with freedom; but he requested them not to mistake this for carelessness, as he would not address them upon any subject without having maturely studied it. To make useful clinical remarks, and to lay down correct and efficient rules for practice, required both long experience and familiarity with the business of the surgeon. Students are apt to lose the best opportunities for want of advice: for a time they are powerfully excited by what they see in an hospital, but soon becoming familiar with the objects, their attention languishes, and they require that a *professional* feeling should be substituted for the mere impulse which first influences them. They see little to advantage, until their attention is awakened by knowledge. When taught to regard the peculiarities of a case; when the particular dangers attending it are pointed out; when the means of obviating these are discussed, and the differences of opinion entertained by the most eminent in the profession are explained; then it is that they look with

deep interest upon the subject, and become zealous in the acquirement of further information. To inspire them with this thirst for knowledge; to make them view the cases before them in the most instructive light; to excite their attention when languid, and to fix it on the points of interest—these were the objects of the course. In doing this he reminded them that he was not engaged in a new pursuit, nor actuated by the impulse of fashion, but that he had given clinical instruction from the first week that he became surgeon to the Middlesex Hospital. In truth, he had regarded it as his first duty to do so; as by these means attention was secured to the patients, the pupils acquired a more perfect education, and if he succeeded in making them good surgeons, the charitable intentions of the Governors of the Hospital would, through their means, be extended an hundred fold.

Mr. Bell then entered upon the immediate business of the course, and we subjoin an account of his Lecture, for the correctness of which we pledge ourselves, although it may have lost much of the force given to it by oral delivery.

Gentlemen,—The cases to which I shall first direct your attention, are instances of fracture of the patella, now in the wards; and although they are related briefly, they contain illustrations of important practical doctrines; indeed, they guide us to the principles of our treatment in all cases of fracture.

First case. Mary Langthorne, aged 46, was admitted into the females' accident ward, August 23d. Whilst she

was at work in the kitchen, she heard her mistress call her, and as she was running up stairs, her foot slipped from one of the steps, and she fell. She is not certain whether her knee struck against the step. She was unable to raise herself up, and when her master lifted her, she discovered that her lameness was occasioned by her kneecap being broken. When brought to the hospital, there was no appearance, on the integuments of the part, as if it had been struck or bruised. The patella was fractured transversely, and tumefaction of the joint arose soon after her admission. During the first week, attention was paid to the position of the limb and body. She was propped up in bed to bring forward the origin of the rectus muscle; the limb was extended to relax the ligament of the patella; and cold lotions were applied. When the knee was in a state to admit of the fracture being set permanently, it was done in the following way:—The limb was in the first place rolled from the ankle to the middle of the thigh; compresses were then placed above the upper portion of the patella, and below the lower portion; straps, made of portions of bandage, were laid along each side of the knee, one on the inside and another on the outside. A second bandage was now applied over the compresses and the straps; it was passed over the central parts only of the latter, and the ends were left loose. These extremities of the longitudinal straps were tied closely together on each side of the knee-joint: in this manner the folds of the roller and the compresses were approximated towards the centre of the knee; and the two fractured portions of the patella were thus brought close together.

Oct. 20.—It is now about eight weeks since the accident, and the bone is united, but, it is feared, by ligament, although there is scarcely any perceptible distance intervening between the two portions. She has attempted to walk about the ward, but finds the limb very weak, and being timid, she seldom ventures to rise from her bed.

Second case.—David Keith, aged thirty-six, a bricklayer, was brought to the hospital, Sept. 15th, in a state of intoxication, having received an injury on the knee. Little credit can be given to the account which he himself afterwards gave of the manner in which

the accident occurred; but it appears from the statement of those who were with him, that his foot slipped upon the curb-stone, so that he fell with his whole weight on his left knee, which struck upon the iron grating of a sewer. When brought to the hospital, there was great ecchymosis over the whole front of the knee-joint; and the patella was discovered to be broken into three portions. There appeared to be a transverse fracture separating two upper and lower pieces, while a lateral portion was broken off longitudinally, and was found lodged on the inside of the condyle of the femur. This last-mentioned portion was replaced in its proper situation close to the other two. He was placed in a sitting position in bed, with orders to keep his limb constantly in a state of extension. When he became fatigued with sitting erect, he was allowed to recline backwards, but care was taken to elevate the limb upon pillows, so that the knee approached the pelvis, and the rectus muscle was relaxed. Seventeen leeches were applied to the joint, and afterwards cold spirituous lotions were kept constantly upon the parts, until the active inflammation was subdued. A bandage was applied to the limb, but as it gave pain, it was immediately taken off. When the inflammation had ceased, the knee was bandaged.

October 25th.—The union is so complete, that there is great difficulty in distinguishing where the bone was fractured. The skin which covers the patella being no longer thickened or condensed, but in its natural condition, the whole surface of the patella is found to be uniform; no indentation can be detected, to mark any deficiency of solid bony union: there is a slightly elevated ridge of bone extending transversely, which points out the situation of one of the fractures. He has been walking about the ward for some days, and is to leave the hospital to-morrow.

These two cases serve to illustrate a distinction in the kinds of fracture of the patella, which it is of the greatest consequence the practitioner should understand. In the first it was not clearly made out, from the statement of the patient, how the accident took place. For it may be a question whether the patella was fractured by the convulsive action of the muscles while she was endeavouring to save herself from falling,

or whether on falling she struck the patella against the edge of one of the steps, and thus fractured it, independently of the action of the muscles. It appears, however, that the first supposition is most probable: since there was no mark of any bruise upon the integuments of the knee, and there was very inconsiderable swelling of the joint consequent on the injury.

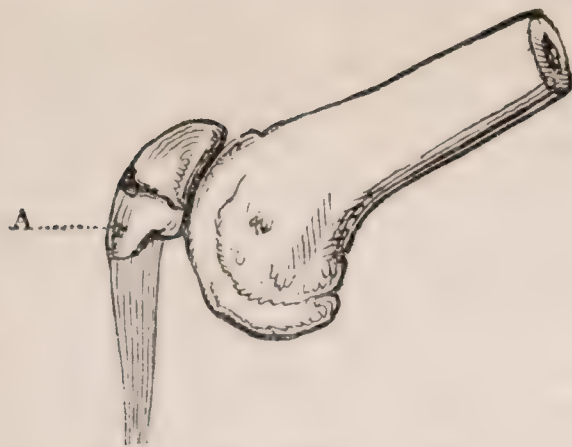
In the second case, even although we had not the statement of the persons who saw the accident, there was evidence of great injury having been inflicted. The bone was fractured into three portions. This proved that it was not by the simple tearing and snapping of the bone by the action of the muscles, that the accident occurred. Besides, there was great ecchymosis, with swelling and heat of the joint for some time. It appears, then, that the patella in the last instance was fractured by the patient's tripping upon the edge of the curb-stone, and falling upon the knee with his whole weight against the iron spokes of the grating. This accident, besides fracturing the patella, it is to be observed, produced great injury to the surrounding structures.

We shall consider these cases separately, for it is important that we should understand clearly the distinctions between them. In the first place, we shall attend to that fracture of the patella, which is occasioned by the convulsive action of the extensor muscles of the limb, in which little injury is done to the parts around the joint: and then we shall contrast it with another kind of fracture of the patella produced by a direct blow upon the bone, by which it is splintered against the heads of the femur and tibia; as, for example, when a person receives a kick from a horse, or falls from a great height upon his knee. I remember it happening thus:—A coachman in the act of pulling up his horses, broke the foot-board on which he pressed with his whole weight, and fell from his box. In his fall he struck his knee against the roller bolt, and fractured the patella into several portions. In such a case there is not only a fracture of the patella, but there is also a violent injury of the joint combined with it, and the importance of the distinction is evident from this,—the treatment, which if pursued in the one case may be perfectly proper and successful if followed in the other, may be attended with the loss of

life. But there is, besides, another reason; there is a prospect in the one case of the broken portions being united, merely by means of ligament, while we may expect in the other, by proper management, to procure union by bone.

In the common fracture of the patella, we observe an appearance of unnatural flatness, and squareness of the fore part of the knee, which is very peculiar and characteristic of this injury;—when once it has been observed, the appearance can scarcely in future be mistaken. This squareness is occasioned by there being certain points of bone brought nearly upon the same level: the patella being transversely divided, its upper portion is drawn away from the lower, and thus the usual prominence in the centre of the knee is destroyed; the fractured portions, now occupying the upper and lower parts of the joint, appear as projections there, while the two condyles of the femur jut out on each side unnaturally, and a square flat surface is produced, bounded by these projections of bone. In placing the hand upon the knee, the four knobs of bone which constitute this peculiar squareness can be felt, and the sensation conveyed makes it quite clear what the nature of the accident is.

This kind of fracture of the patella is most frequently caused by the person stumbling, and then making a violent effort to recover his balance. He suddenly brings the quadriceps extensor into powerful exertion, and the force of this muscle may be imagined, when we consider that it is capable of throwing up the whole body as in a leap: it is this muscle too which straightens and then fixes the limb, when we rise up under a heavy load placed upon the shoulders. We can, therefore, imagine, that in making a violent convulsive effort, when the body is thrown off its centre of gravity, this muscle may act with force sufficient to rend the patella asunder. But there is another circumstance which renders the liability to fracture greater; there is a certain degree of flexion of the knee-joint, during which the patella is more easily broken. About the middle state between extreme flexion and extension of the limb, the patella rests with its upper half upon the convex surface of the femur, while that part of the bone to which the ligament of the patella is attached, projects without support over the space left between the separating



A, the projecting part of the patella to which the ligament is attached, and which is apt to be broken off from the change in the direction of the force.

surfaces of the femur and tibia. If the knee joint be further bent, and the quadriceps muscle be in a state of spasmodic contraction, thus retaining the patella fixed upon the end of the femur,—and if the ligament of the patella be acting in an angular direction upon the projecting part, the bone is then snapped, as it were a stick broken across the knee.

Sometimes in cases of fracture of the patella, which take place in this way, we find there is a confusion in the statement of the patient. When asked how it happened, he is at a loss to make out whether the bone was broken before he fell to the ground, or whether his fall caused the fracture. But it is not unfrequent that intelligent patients, of their own accord, state distinctly that they heard a snap at the knee-joint when they were making a violent exertion, and immediately after that they found they were lame, the knee sinking under them. It is a remarkable circumstance attending this accident, that when a patient has once suffered from it, he is very liable to have the patella of the other knee fractured. Now it is quite unnecessary to attribute this to the patellæ of such a patient being of a very brittle texture,—an explanation that has been offered. This is exceedingly unsatisfactory, and we may explain the circumstance on another principle, namely, the lameness and imperfection of the limb consequent upon the previous injury. In all probability, when the fractured patella has united, there has been a considerable space intervening between the portions, and the interval has been filled up with ligamentous substance. This, it may be perceived, is but a poor substitute for the perfect

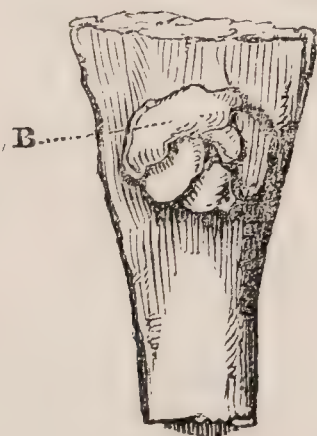
structure of the patella: the office of the patella is nearly destroyed, for the ligamentous part plays upon the surface of the femur, nearer the centre of motion, and, consequently, the muscles lose somewhat of their lever power. The individual is, therefore, apt to trip frequently, and, consequently, he is very often called upon to make those violent exertions to save himself from falling, which it has been shown are the most likely to endanger the patella. It is thus he incurs the risk of rupturing the patella of the sound limb from having already had a fracture of the other. It is not improbable, however, that there may also be some peculiarity in the form of the projecting part of the patella, which may render its fracture more likely to occur in some persons rather than in others*.

The next question presented for our consideration is, What is to be done? Is the bone to be set, and the knee bandaged? There will be many occasions for our remarking the impropriety in all kinds of fracture of bandaging the limb immediately after the accident has occurred; we must delay until the attending inflammation has been subdued. In reference to the accident we are now considering, this is a part of the subject of high importance, and one which ought to be well understood. Some years ago it happened thus:—there were four cases of fractured patellæ admitted into the hospital, nearly all at the same time, or in quick succession, and great satisfaction was derived from the success which attended them; but at last a man was brought who had fallen from a height, and shat-

* We have heard Mr. Bell state, in other courses of his lectures, a case which proves how cautious patients ought to be after the patella has been fractured. A patient was dismissed from an hospital with the portions of the patella united by a long ligament. Whilst he was carrying a burden on his head, he slipped, and the joint yielding, the whole anterior part of the knee was rent open and its cavity exposed, so that it was necessary to amputate the limb. He used to state this case as a reason why, on dismissing patients from the hospital, he ordered a splint to be put behind the knee joint. It also affords a reason for endeavouring to bring the portions of bone as close as possible; when they are far apart, the integument is consolidated with the ligamentous substance, it loses thereby its elasticity, and the above accident may take place. Mr. Bell has suggested in these cases of fractured patella the use of the seton. When the cure has proceeded so far as to close the joint by a newly-formed membrane between the broken bones, he conceives it practicable to pass a seton between them, without penetrating the joint. If at the same time the portions of bone be pushed into close contact, there may be produced union, either by ossific matter, or by a short and condensed ligament.

tered the patella by striking his knee against a projecting point. The young gentleman who had the charge of all these cases, being satisfied with the practice which had proved so successful in the former instances, thought that he would do right in pursuing the same treatment in this one also. Seeing the good effects of bandaging, and not having sufficiently studied the difference of the case, he applied a bandage the very day that the patient was admitted into the hospital. The effects were but too obvious on the first visit of the surgeons; the pain, swelling, and inflammation were excessive, and—not to dwell on an unfortunate occurrence—not the limb only but the life was lost.

I am satisfied that you will make the proper use of this case. Although it happened in this hospital, yet I am bound to relate it for your instruction; it conveys an impressive lesson, and should make us consider well the difference in the nature of the various injuries by which the patella may be fractured. In a case of this kind, when there has been a violent blow upon the knee-joint, inflammation will continue for a much longer time than when the bone has been simply broken by the action of the muscles. In the case of David Keith, it is mentioned that an attempt was made to bandage the limb, but it had to be desisted from, on account of the patient complaining of pain. But let me repeat, when the patella is broken by a direct blow, there is not the same separation of the portions of the patella, which occurs in the common cases; the blow breaks the bone, but still the strong fascia which covers the knee-joint, and is fastened to the patella, is entire, and prevents the splinters from being detached far from each other. In this specimen (*exhibiting a preparation*) the patella is seen fractured into five different portions,



* B, the inner surface of the shattered patella.

yet they are all agglutinated and supported by masses of coagulable lymph, which in some parts has become ossified; this shows that there need be no anxiety about applying the bandages early.

Bleeding and cold evaporating lotions, with all the antiphlogistic means, are first to be used, to subdue the inflammation. After this the bandages and pads may be applied so as to approximate and give support to the pieces of bone. Care is to be taken during the whole treatment to keep the leg in an extended posture: in the first place, to prevent a wider separation of the portions of the patella before the proper bandages can be applied, and because we cannot expect to bring the detached pieces close together, unless the muscles, which have a tendency to draw up the patella, are relaxed. The patient's body must be raised in bed, and he must have a bed-chair to make him sit up; or, if he grows weary of this position, attention must be paid to elevating the extended limb whenever he lies down, raising the heel by pillows, for the purpose of causing the knee to approach the pelvis, that the rectus extensor cruris may be relaxed.

It has been said that we should not try to unite this fracture by bone, and the fact that ligament is commonly the bond of union in fractures of the patella, has been regarded as a beautiful provision of nature for protecting the joint. If ossific union took place, then the patella, it has been argued, would present a rough, unpolished surface to the smooth articular cartilage of the joint, and might thus injure its delicate structure. But we need have no dread of bony union producing this mischief. I have examined, after death, four cases of fracture of the patella, consequent on direct blows received upon that bone, in which were exhibited the several stages of ossific union. They each proved that the roughness existed only on the outer surface of the bone. The specimen, which is now brought for your inspection, exhibits the pieces of bone attached closely together; and still they present an uniform surface internally, while externally, they are surrounded with masses of coagulable lymph, and of bony deposition, just as in fracture of the long bones. It is, therefore, the rule of practice in all cases, to bring the broken portions exactly in apposition:—in the one case,

with the hope of attaining ossific union from the bones being placed closely in contact with each other, or if we do not succeed in that, at least we may obtain a very short interval occupied with ligament: on the other hand, if it has been a case of fracture produced by a kick or a blow on the knee, then we may probably have success, similar to that in the case of Keith, in which we find the bone is compact, and the motion of the joint free. Several other patients have been dismissed from this hospital, in whom there has been the same reason to conclude that union by bone had taken place.

There is a question at present much agitated among the senior members of the profession,—How comes it that the fractured patella is so seldom united by bone, and so frequently through the medium of ligament? In explanation of this we are led to consider what occurs when one of the long bones is fractured. If the humerus or femur, for example, be broken, it implies that there is great injury committed to the whole mass of flesh that surrounds the bone: it is bruised, and extravasation of blood is the consequence: the fractured ends of the bone also lacerate the surrounding textures; the blood is in this way permitted to lodge close upon the surface of the bone. Then tumefaction of the whole limb takes place,—inflammation is set up, and the blood, which was effused, undergoes a change in process of time, and coagulable lymph is substituted in its place; consolidation of the surrounding cellular membrane and periosteum proceeds gradually to make the limb firmer: there is adhesion between the two fractured ends, by means of this condensed mass, which is found fixed to the bones: this coagulable lymph gradually is converted, first into a substance of a cartilaginous hardness, and finally into true bone; spicula of bone having grown within it, they coalesce, so as to produce solid union. It appears that this great and extensive injury, this effusion of blood through the cellular membrane, this tearing of the flesh, and the consequent swelling and inflammation of the limb, all of which we might consider as disastrous, are essential for the re-union of broken bones. When we next contemplate what takes place during the fracture of the patella, produced by the action of the muscles, we perceive that there is a great difference in the circumstances.

The bone has been snapped across without any corresponding injury being inflicted on the soft textures; the degree of violence is not considerable, the tumefaction that ensues is seldom very great; there is scarcely any ecchymosis. Thus there appears not to be sufficient injury inflicted for producing union by bone. We may observe the same thing when the olecranon has been fractured; or when the neck of the femur has been broken within the capsule. This last-mentioned accident has given rise, it is well known, to much discussion among the most eminent of our profession. An explanation of the fact is sought, why in fractures of the neck of the femur the union is commonly by ligament instead of by bone. It is not altogether from the difficulty of keeping the parts in apposition, that this is to be explained. In cases which I have examined after death, where the bone was fractured within the capsule, I have discovered that a thin membrane alone intervened between the portions, showing how nearly the parts had been kept approximated, yet, after all, they were not united by bone. Some other method must be used to account for the fact. The same reasoning which has just been applied to explain the want of ossific union in cases of fractured patella, may be employed here also. If the neck of the femur be broken across at its thin cervix, which is enclosed in the tough capsular ligament, the extent of the injury is very limited. There may be, perhaps, an increased secretion of the synovial fluid of the joint, but there are no cellular connexions torn up, into which the blood may be effused, and by which the broken ends of the bone may be surrounded, as in other cases; the fractured extremities are not supported by the condensation of the neighbouring parts, nor sustained by the same mass of inflamed structure, which is always found when the long bones are fractured at their centre. This appears to afford an explanation of the extreme rarity of union by bone in the case of fracture of the neck of the femur. A certain degree of violence seems essential for producing ossific union; and the neck of the thigh-bone included in its natural capsule is protected from receiving that degree of injury. A difference in the circumstances is attended with a difference in the results; for when the fracture occurs ex-

ternally to the capsular ligament, then union by bone takes place. The splitting of the bone is attended with laceration of the neighbouring parts; blood is effused, and inflammation, with condensation of the surrounding muscles, are the consequences. To this point we shall recur when an opportunity again presents itself.

NEW LITHOTOMY FORCEPS.

To the Editors of the London Medical Gazette.

Gentlemen,

If you should consider the following communication worthy of a place in your new Journal, I shall feel flattered by your giving it insertion.

I have the honour to be,
Gentlemen, your obedient,
Humble Servant,

W. B. LYNN.

Parliament-street, Dec. 1, 1827.

I was called, on Sunday last, to Croydon, to perform the operation of lithotomy upon a child about four years of age. Nothing worthy of notice occurred in making my opening into the bladder, which I did with the Bistouri cachée, in the usual way: but upon attempting to seize the stone with the forceps, it constantly eluded my grasp, my attempts not being rendered at all more successful by the introduction of the finger into the rectum. The stone, as it afterwards proved, was an exceedingly flat one, about the size of a half-crown piece; it lay flat in the bladder, and could only have been caught by its flattened surfaces, by carrying in the forceps perpendicularly, with the blades a little open, and so sliding the stone in between them, which, considering the smallness of the opening allowable in a child, would not be very easy to accomplish.

I succeeded, however, at last, by making use of the small end of the scoop, which I placed, by the assistance of the fore-finger of my left hand, under the stone; then laying the same finger upon the stone, I made a sort of forceps, and withdrew all together. But even in this way I did not succeed without considerable difficulty, in consequence of the too great magnitude of the finger and scoop for the opening.

Now, to obviate this difficulty in future, in a like case, which will, doubtless, often occur again, I recommend

the use of a pair of forceps I have invented. They are made something like those used by the Accoucheur, but in miniature, and divide at the hinge.—Taking the blades asunder, the operator will easily insinuate the one under the stone, and having assured himself, by the aid of his finger, that the calculus is evenly placed thereon, he will carry the other blade over it; then, having properly adjusted the hinge, he will have no difficulty in extracting the stone.

I have communicated my ideas to Mr. Stodart, surgeons' instrument-maker, of the Strand, who will be ready to supply the forceps to any one requiring them.

Dec. 3.—The child is going on well.

MEDICAL SCHOOLS OF PARIS.

To the Editors of the London Medical Gazette.

Gentlemen,

I beg to inclose for publication an extract of a letter which I have lately received from Paris, and which strikingly corroborates the observations made in the Gazette of last Saturday, on the subject of medical education on the Continent, as compared with that in England.

Your obedient Servant,

A. J. THOMSON.

Ryder-street, Manchester-square, Dec. 10.

“But the Medical Schools?
Greatly overrated! Anatomy is abundantly cultivated, for human life is a matter of no concern, nor human death either. Morbid Anatomy is cultivated too with great attention, but with so little bearing on practical knowledge, as to be almost as useless to the physician or the surgeon, as mineralogy. Percussion and auscultation have taken the place of almost all other methods of ascertaining the condition of the patient; consequently, the diagnosis of disease, though apparently wonderfully refined, is very imperfect. The treatment of disease is almost confined to bleeding and blistering: the first is often used too freely; the blisters are generally applied to the extremities to relieve the chest or the head—ptisanes and starvation do the rest. The diet of the hospitals is miserably low. Not a single grain of any mineral medicine has yet been ordered in my hearing, and I pass several hours of every day in the

hospitals; indeed, the powers of medicine seem quite unknown. These remarks are, I assure you, not made indiscreetly, but are the result of repeated observation, and are supported by many cases and proofs which I have already collected. In short, the British medical public have been systematically deluded about the superiority of the French mode of teaching. Still there is much here that interests me. I suppose I have seen a hundred bodies opened already; every morning do I find three, four, and six little innocents released from the Children's Hospital, in particular, by death: indeed, the practice in this hospital shocks me in the extreme; the abuse of venesection, and the absence of food, warmth, and medicines, are horribly conspicuous."

MIS-STATEMENTS IN THE "LANCET."

To the Editors of the London Medical Gazette.

Gentlemen,

I have read with much satisfaction your opening Address in the first number of the "MEDICAL GAZETTE." It is certainly a subject of congratulation, that a prospect offers itself of the medical profession being made acquainted with what really occurs in the various hospitals throughout the country. Your observations, relative to the tenor of certain periodical publications, are most just. It is only necessary that the mode in which the Hospital Reports have been conducted should be extensively made known, to open the eyes of the medical public to the degree of credit to which such information is entitled. It is true that most of the respectable practitioners in London are already apprised of this, but our professional brethren throughout the country are yet ignorant of the partiality and injustice of these reports, and still receive them as oracular. With a view to dispel this charm, I take the liberty of obtruding myself on your and their notice, to expose some recent instances of gross and wilful misrepresentation. In Number 204 of the "Lancet," and in the index to the volume, an article is headed, "Mr. Earle's terrific treatment of Tetanus." In the report of the case which follows, I am represented as having administered, with no sparing hand, the most deadly poisons, to the rapid destruction of the patient. It will

perhaps hardly be credited by your readers, that, in the case alluded to, no treatment was employed but the application of the cupping-glasses to the spine, and the administration of some calomel and jalap. The whole "terrific treatment" is a gratuitous invention of the Editor. More recently, a still grosser instance of wilful misrepresentation has appeared in Number 218. A very curious and complicated case of hernia occurred at St. Bartholomew's, of which a faithful report was drawn up, whilst all the circumstances which influenced my practice were fresh in my memory, which, together with the dresser's daily report of the progress of the case, was inserted in the Ward Book, for the perusal of the students and others who wished to consult it. This report, without any alterations, was published in the November number of the Medical and Physical Journal, which was the earliest opportunity afforded me of giving publicity to the case through any respectable channel. After the death of the patient, twelve hours' notice was given to the students, and the body was examined before nearly three hundred students and practitioners in the operating theatre; the dead-house, the usual place for such examination, being too confined to allow of the accommodation of a tenth part of that number. I mention these facts, to prove that I had nothing to conceal, but courted the utmost publicity, and most open investigation. Four days after the publication of the case in the *Medical and Physical Journal*, and the true statement having been freely open to the perusal of every one, an article appeared in the *Lancet*, headed in the following manner: "We shall transcribe the history of this case, and the description of the operation, &c. verbatim from Mr. Earle's Case-Book, for reasons which will appear in the sequel." A case is then printed in inverted commas, purporting to come from my pen. With the most unblushing effrontery, a tissue of falsehoods is then sent forth to the world, for the express purpose of enabling the Editor to make his libellous comments, and draw his false and absurd conclusions. This last act is so insidiously contrived, and so calculated to mislead the public, that I feel myself called upon to make this statement, for the truth of which I pledge my honour, to enable

the profession to form a just estimate of the spirit in which the publication is conducted. In this last act the Editor has outdone his former deeds, without the possibility of screening himself under the pretext of being misinformed by his reporters. It must be obvious to any one who will take the trouble to compare the true with the false statement, that the latter is drawn up with much art and ingenuity, for the express purpose of enabling him to make the injurious observations which follow. Although this letter is certainly the most insidious and most flagrant abuse of the press which this publication has cast on me, it is of the same character as many others; and I can, without fear of contradiction, most solemnly declare, that in scarcely one instance, in which my cases have been recorded, has the reporter even approached the truth; while numerous interesting and successful cases have been wholly suppressed. *Ex uno disce omnes*: if such has been the case with respect to myself, who, I am happy to say, am ignorant even of the person of the Editor, and can, therefore, have given no personal cause for this outrage, it is surely not an unfair inference, to suppose that other Hospital Reports are entitled to an equal degree of credit. Wishing you every success in your laudable undertaking,

I have the honour to be, Gentlemen,
Your most obedient Servant,

HENRY EARLE.

George-street, Dec. 8, 1827.

MEDICAL GAZETTE.

Saturday, December 15, 1827.

“*Licet omnibus, licet etiam mihi dignitatem Artis Medicæ tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso.*”—CICERO.

COLLEGE OF PHYSICIANS AND DR. HARRISON.

OUR readers already know that Dr. Harrison, of Holles Street, is at this time practising medicine without having been examined by, or receiving a license from, the College of Physicians, that is, according to common opinion, illegally; that the College has summoned him to submit to those examinations which physicians usually pass; that Dr. Harrison has refused to obey this summons, contending that they

have no legal power of enforcing it; that the College threaten to bring an action against him, and that the whole medical profession are in full expectation that the question will be settled in a court of law. But the College state that they cannot proceed till they possess legal proof that Dr. Harrison is actually practising medicine in London. This proof, they think, consists in some of his written prescriptions, but how to procure them? Apothecaries, it is said, will not supply them; for, by so doing, they would be guilty of a breach of confidence. The College might employ an informer to go and consult Dr. Harrison, and then carry his prescription to them; but this, they think, would be derogatory to them as gentlemen. It is difficult for them, they say, to procure the requisite evidence, unless Dr. Harrison sends them some of his prescriptions; and this he would do, if he were as bold in deeds as in words. In his last letter to the College of Physicians, he says (we copy his own words), “Acting on public grounds only, and for the advantage of our common profession, &c., I thought that I could not bestow greater service upon the medical profession than by bringing all disputed matters formally into open court. Actuated by these motives, I have tendered the College, for a series of years, through some of its fellows, opportunities of examining legally their pretensions to interfere with me or my practice. Messrs. Tennant, Harrison, and Tennant, of Gray’s Inn, are my solicitors; *they are furnished with instructions to give every facility to a legal investigation of your assumed privileges.*” Now, the facility supposed to be essential to this investigation, and at any rate that which would bring the question to an issue, is a bundle of his prescriptions. The College, influenced by the offer in Dr. Harrison’s last letter, applied to his solicitors for an admission that he practised, which was refused. This is the third time Dr. Harrison has been publicly called upon to perform his promise, but in vain; and if he still neglects to do so, it will be quite clear that he has shown the white feather. He has forfeited his promise to all those physicians who are anxious to throw off the yoke of the College; and his boasting assertions, that he acts “on public grounds”—that he is anxious “to bring all disputed matters formally into open court”

—and that he has “instructed his solicitors to give every facility to a legal investigation”—are all empty words.

And now we turn to the College of Physicians, and ask them, when they prosecuted Dr. Dick, Dr. Clarke, and others, for practising medicine illegally, how did they procure the necessary proof against them, and why not employ the same means on the present occasion? If, in the interval between those prosecutions and the present time, they have grown more delicate in conduct, and consider the employment of such means unworthy, we would then ask, whether any legal corporation, instituted for the purpose of controlling any class of persons, ought to consider any step beneath them which is essential to that control? What should we think if magistrates were too delicate to employ police-officers; or if the law was too nice to use the means necessary for detecting crimes? But although it was very natural for the College to apply to Dr. Harrison's solicitors, as they could not anticipate that he was such a Gascon as publicly to offer them every facility, and then privately refuse them; yet it is too absurd to suppose, for one moment, that the law requires a species of proof which can be procured only by the defendant criminating himself.

Is it probable, again, that the charter of the College of Physicians would give them the power of punishing offenders against its statutes, and yet deprive them of the means of detecting these offenders. What does the charter say on this subject? We copy from the last edition of it granted by King Charles II., leaving out only those flowers of speech which legal writers employ so liberally, which are more useful for security than for clearness, and under which the little sense contained in legal instruments is lost:—“And to the end that the said offenders may be the better known and discovered, we do, therefore, give and grant unto the said President, Fellows, and Commonality of the said College, full power to summon and warn *any person or persons whom they shall know or think meet in or about ministering of any physic, or attendant or servant upon any that shall have received physic, to declare, testify, or prove against any such delinquent or offender, his or their misdemeanors or offences, and to administer to him or them an oath or oaths, and him or them to swear upon the holy Evangelists, to*

testify the truth of his and their knowledge concerning the said offenders, and their said misdemeanors and offences; and if any such person or persons shall wilfully not appear before the said president and censors, or shall refuse to make answer to such questions as shall be asked of him and them by the said president and censors, then every such person and persons shall, for every such refusal, forfeit to the said President, Fellows and Commonalty of the said College the sum of twenty shillings of lawful English money.”

Now it is always necessary to translate legal instruments into common language before we can comprehend and reason about them, and we usually do this with a sense of doubt about our accuracy; but we can extract no other meaning from the above clause than this: that the College is authorized to summon before them apothecaries or druggists, who, by dispensing the prescriptions of these physicians, can testify to the fact of their having practised medicine; or even the servants of patients whom these physicians have attended; of examining them on oath; and if they refuse to appear, or appearing, refuse to answer questions, of fining them twenty shillings for every such refusal. But if this is the real meaning of the Charter, what becomes of the opinion on which the College is now acting, or rather declining to act, that it is impossible for them to proceed in prosecuting Dr. Harrison, unless he chivalrously sends them a bundle of his prescriptions?

We have heard doubts expressed about the validity of the Charter granted by Charles II. to the College of Physicians, because it is said never to have been confirmed by Act of Parliament. But some eminent barristers, to whom we named these doubts, assure us that a Royal Charter is valid, whether it is confirmed by Act of Parliament or no. They doubt, however, whether the King can grant, to a corporate body like the College of Physicians, the power of compelling witnesses to come before them, and give testimony on oath. But if there is any doubt about the above question, there is none about this: That if the College bring an action against Dr. Harrison they may subpoena on the trial any Apothecary or Druggist who has witnessed his practice, or possesses his prescriptions.

There is, however, one way, in which the College could restrain those who

take advantage of the difficulty in procuring evidence, and that is, by advertising, from time to time, in the public papers, the names of those who are practising medicine without having been examined and licensed by the College of Physicians.

While these remarks were passing through the press, it was announced by the weekly and monthly journals, that the College had withdrawn their intention of proceeding against Dr. Harrison. This was immediately contradicted in an advertisement by the College, who state that they will never “*abandon any prosecution entered into against persons illegally practising as Physicians, whenever the evidence of such irregular practice is clear enough, in the opinion of their legal advisers, to render an appeal to a court of justice expedient.*” If we understand this statement, it means that, having once “*entered*” upon a prosecution, they will not abandon it, if it be “*expedient*” to continue it. But will this be satisfactory to the profession? They see that the College has been dared by a Physician, who asserts that they cannot prevent him from practising; and it matters little to the public, who seldom make nice distinctions, whether this inability proceeds from the difficulty of procuring evidence, or from any other cause; the effect is, in either case, the same—it becomes obvious that their authority may be resisted with impunity, and their privileges may be compared to those of the Roman citizens in Coriolanus, one of whom is made to say, “*we have in ourselves the power to do it—but it is a power which we have no power to do.*”

If the College of Physicians proceed in all cases as they have done in this, their power of regulating the profession will become a dead letter; the same difficulties in the way of procuring legal evidence will occur in all cases; and it clearly comes to this, that henceforth and for evermore they will examine only those who choose to submit to them. At this rate, they will soon cease to be a controlling body, and will speedily become nothing but a large Club of English Medical Graduates, with an old library, a handsome building, and a name, the sound only of powers that are no more.

In the above remarks, all that we contend for is, that the College of Physicians, by virtue of their charter, pos-

sess a controlling power over the medical profession, which, if it is right to possess, it is wrong to neglect; and which, by neglecting, is becoming rapidly extinct. Whether this power, which was so necessary when it was bestowed, be necessary now—whether the College, which formerly contained all the merit of the profession, and was thereby the fit depository of this power, be so still; or whether, in the lapse of time, our profession has become so altered, that the College itself requires reform to adapt it to the present state of medicine—whether the desire for knowledge, the influence of public opinion, and the intelligence of the age, afford a better security for the competent knowledge of physicians than the examinations of the College, such as they now are,—or, lastly, whether these examinations, instead of being abolished, ought to be rendered more efficient, so as to distinguish between mere verbal learning, which serves only for passing muster, and the actual knowledge of a practitioner, which is serviceable in the business of life—all these are questions of which we postpone the discussion.

ANALYSES AND NOTICES OF BOOKS.

“L'Auteur se tue à alonger ce que le lecteur se tue à abréger.—D'ALEMBERT.”

Medico-Chirurgical Transactions, Vol. XIII. Part 2.

(Continued.)

THE subject with which we resume our analysis is one of considerable interest, viz., the treatment of *Nævi Materni* by ligature. The communication is from the pen of Mr. Lawrence. The nature of these affections is not clearly ascertained, and it is pointed out in a note that the term *nævus* has been applied to different forms of congenital malformation. Sometimes the *nævus* consists merely of some peculiarity in the colour, texture, or thickness of the skin, which remains unchanged during life, requiring no surgical interference. In other instances, there is at the time of birth a red, purple, or livid stain, and a peculiar vascular growth is subsequently developed. In England, the word *nævus* is applied both to the blemish of the skin and to the vascular tumour beneath it; while in France,

the term is limited to the former. Boyer calls them vascular growths,—*tumeurs variqueuses*, or *fongueuses sanguines*. Dupuytren gives them the name of *tumeurs érectiles*, which appellation is adopted by Breschet. Among other designations, that sometimes employed by the Germans is very characteristic, viz., *Blutschwamm*—blood sponge.—They are the aneurisms by anastomosis of Mr. John Bell.

In the treatment of these affections, the difficulty is to discover a method which shall be at once safe and effectual. Excision possesses the latter but not the former advantage, the hæmorrhage being often prodigiously great, and extremely difficult to control, particularly in children, who are the most frequent subjects of such operations. When the nævus itself is wounded, the bleeding is attended with a degree of violence which cannot be accounted for by the nature of the structure; and even when the incision is made in the skin at some little distance, and quite clear of the morbid growth, the operation is not unattended with danger. In the ninth volume of the Transactions, a case is detailed by Mr. Wardrop, in which an infant expired under the knife, though the incision was made in the sound skin, and the tumour removed with great rapidity. The fungus in this instance was fed by an artery, so large as to admit a full-sized bougie.

Mr. Wardrop has several times used the *kali purum*, so as to produce sloughing; but Mr. Lawrence thinks that, although this method may succeed in many instances of small nævi, it would probably be as dangerous as the knife in those of larger size. He has only used it once, and then it was but partially successful.

Cold applications and pressure are, in the opinion of Mr. Lawrence, generally inefficacious or inapplicable. Pressure was particularly recommended by Mr. Abernethy (*Surgical Works*, v. ii.); and Boyer states that he has cured many such tumors by the same means. Among other instances, he mentions that of a grandchild of his own, who had, at the time of birth, a small bright red mark on the right temple; this soon increased, and at the age of two months had become perceptibly prominent. A bandage, with a pad rather larger than the mark, was applied during the day for three years, at the end of which time the disease was so far cured as

to leave no fear of its further increase; the only remnant was a narrow line of a violet colour, corresponding to the circumference of the mark: this, at the end of four years, remained, without any change, the inclosed portion of skin being quite natural. In order to ensure success to this method, it is necessary that there should be a solid point of support, and that the compression be made to act permanently on the whole surface of the tumor, and be continued till it obliterates the cells of the nævus.

Tying the carotid has been suggested and practised with success by Mr. Wardrop; but it is obvious that it can be applicable in but very few cases.

A case having occurred at St. Bartholomew's, in which the great size of the tumor rendered excision inadmissible, Mr. Arnott suggested the plan adopted by Mr. White, of destroying nævi by ligature. The case in question is as follows:—

“J. B., an infant four months old, was brought to St. Bartholomew's Hospital in February, 1827.

“At the time of birth, a slight reddish discolouration of the skin, as large as a sixpence, was observed at the upper part of the back; this red spot was not elevated. Having remained of the same size and in the same state for three months, it began to enlarge, became elevated above the surrounding sound skin, changed its colour from red to a dull purple, and frequently discharged blood from openings on its surface. It continued to grow rapidly until the time of admission, when it presented a circular tumor five inches and a half in circumference, and projecting about three quarters of an inch. Its surface was slightly irregular, of nearly uniform prominence, and a little depressed in the middle; it was rather larger at the edge than at the base, which rendered the application of the ligature easy. It was of the kind denominated, by Mr. Wardrop, subcutaneous nævus. Although the skin had been distended and thus rendered thin by the growth of the tumor, it could be easily pinched up into folds on the surface, so that the disease was decidedly below the integuments. Its connexion to the muscles of the back was equally loose, and it could be moved from side to side with the greatest ease, or drawn up by the finger and thumb, and detached from the subjacent parts. It had a mottled appearance, being mostly of a dark livid colour. It

was soft, and gave a sensation to the fingers like a collection of various vessels. Pressure diminished it considerably, and made it of lighter colour; it soon filled again. When the child cried or strained, it became larger and of a deep purple tint.

“On the 17th of February, I tied the tumour, elevating it from the muscles of the back with one hand, while I passed a large curved needle under the middle of its basis with the other, carrying the point of the needle in and out again, close to the edge of the base of the swelling. When the needle had been cut out, the two ends of the ligature, which had been left of equal length, formed two distinct ligatures applicable to the immediate purpose of the operation. They were then tied, as tightly as they could be drawn, just in the line of distinction between the tumour and the sound skin. The firm pressure thus made on the base caused a cracking of the tumour at the surface, from which a few drops of arterial blood escaped before the ligature was quite tight. The infant seemed to suffer considerably when the ligatures were tied, the process being attended with considerable dragging and stretching of the surrounding skin, which was thrown into several large folds. A soft rag dipped in cold water was laid over the part, and occasionally moistened. For thirty-six hours the child was restless, crying almost incessantly, and occasionally convulsed; at the end of that time it took the breast, which it had previously refused. An inconsiderable oozing of blood took place. On the 19th I sliced off the tumour, which had become almost black. The ligatures were quite loose on the 20th, and I removed them. A large slough occupied the centre of the wound, extending deeply; it came away in a few days under the application of bread poultice. The wound then granulated and assumed a perfectly healthy appearance, all the unpleasant symptoms having subsided after the removal of the ligatures. The process of cicatrization was slow, but it was at last firmly completed; and the former situation of this large tumour is now denoted by a very slight scar.

“The substance of the tumour, when it was sliced off on the 19th, was tolerably compact: its cut surface presented the sections of numerous blood-vessels, apparently venous, filled with coagulated blood: the largest were equal to an

ordinary writing-quill. These vessels were connected by a firm greyish substance, of a somewhat fibrous texture. There was no appearance of cells.”

Three other cases are detailed, in the two former of which the operation was successful; in the last instance the disease was but partially removed, and Mr. Lawrence thinks it probable that the operation may require to be repeated. The author inquires, what is the nature of the vessels in these tumours; and how is it that, while in their structure and appearance, they have the character of veins, the hæmorrhage should nevertheless be arterial when they are cut? Mr. Arnott, in a letter to Mr. Lawrence on this subject, states that, from the examination of several tumors after their extirpation, he has been led to suppose that their structure is not cellular, as it is usually described to be, but that the vessels unite and open into each other so frequently as to give a cellular appearance, similar to that described by Cuvier, as existing in the penis of the elephant. With regard to the blood having the appearance of being arterial, he says it is only what takes place when other erectile tissues are divided, as in amputation of the penis. Mr. Lawrence, however, informs us, that he has never remarked this last circumstance, and looks upon the structure of *nævi* as more analogous to that of the *corpus spongiosum urethræ*, than to that of the *corpus cavernosum*.

In the application of the ligature, considerable force must be applied, so as to effect the strangulation of the parts; and it is, therefore, of importance that the material of which they are composed should be of sufficient strength. Mr. Lawrence uses stout silk twist, and suggests the precaution of previously trying its strength. As soon as it can be ascertained that the coagulation of the blood in the vessels composing the tumour and the consequent death of the part have been accomplished, the ligatures ought to be removed. Forty-eight hours appear to be sufficient for this purpose.

Mr. Lawrence's paper is followed by one, on the same subject, by Mr. Anthony White, in which he states, that it has, “during many years,” been his practice to destroy *nævi* by the application of ligatures. When the tumour is not large, a needle may be carried under the base at its centre, thus trans-

fixing the new growth; and a ligature passed behind the needle, and tied with a double noose, will be sufficient. When the tumour is large, the needle ought to be armed with a double ligature, one being afterwards tied at each side. In some situations the whole of the tumour cannot be included in the ligature; but Mr. White states, that in these the inflammation of the surrounding cellular membrane is generally sufficient to produce the obliteration of the remaining part of the *nævus*. In one instance, it was necessary to pass four ligatures, in order to strangulate the whole of the mass.

Several cases are detailed in which this mode of treatment was adopted. In the last of these only was the operation followed by a partial return of the disease, and this was owing to the impossibility of including the whole of the *nævus* in the ligature: in this case, however, the operation was repeated, and with complete success.

Dr. Elliotson has found the sulphate of copper a useful remedy in chronic diarrhoea. — A young Irishman had laboured under diarrhoea for three months; various means had been tried without avail, and he appeared likely to sink. Dr. Elliotson having heard of some cases in which sulphate of copper with opium had been employed with success, prescribed this combination (half a grain of the former and two of the latter three times a day). In a few days the purging was better, and in eleven it had so much subsided, that the proportion of opium was diminished to one grain, and the copper increased to the like quantity. In another week the opium was omitted, and in yet another the patient left the hospital, becoming an out-patient.

This case naturally made an impression upon our author, and led to further trials of the remedy.—The next patient was a sailor, labouring under that peculiar form of purging described by Dr. Baillie in the *Transactions of the College of Physicians*, and in which the stools are copious, numerous, frothy, of a sour smell, and, in appearance, like chalk and water. The disease is also very accurately described by Dr. P. M. Latham, in his account of the epidemic at Milbank. Half a grain of sulphate of copper and one grain of opium twice a day were prescribed. In four days, the dose of the copper was increased to

one grain; and in five more, the number of stools was reduced to two or three a day, becoming at the same time more consistent. He was admitted Dec. 8th, and continued in the hospital till Feb. 2nd, during which time the dose of the metallic salt had been gradually increased to two grains, in which quantity it appeared to give rise to pain of the stomach, which, however, was relieved by a corresponding augmentation of the opium to a grain and a half. At the time of his discharge he had gained flesh, and had but one stool in twenty-four hours, which was solid and of healthy appearance. Several other cases are related; but as they are all more or less analogous to those already mentioned, we shall content ourselves with stating, that the general result is favourable to the character of the remedy. The following concluding observations are worthy of notice:—

“ I am satisfied that the sulphate of copper is superior to every other astringent in chronic diarrhoea,—that it will cure the disease more quickly than any other, and often when all others fail.

“ Three grains three times a day is the largest quantity I have prescribed; but this I have frequently given. The dose usually borne and required varies from a grain and a half to three grains. It may be taken for an indefinite time without any fear of constitutional ill effects.

“ I had two very severe cases, in which the quantity of blood and matter in the evacuations, and the wretched appearance of the countenance, rendered the existence of great disease of the inner surface of the intestines probable, and which would most likely have proved fatal but for the remedy. It arrested the complaint after a time; but such had been the severity of the disease, and so much reason was there for apprehending mesenteric affection, and thickening of all the substance of the intestines, that, if it was omitted for a week, the diarrhoea in some measure returned. These patients took it between three and four months, in doses of two and three grains three times a day, with no other effect than that of controlling the disease, and improving the appearance in a degree which surprised every one.

“ It certainly has a tendency to produce vomiting and griping. On these accounts I have always combined it

with opium, and never, but in the first case, and then only for a week and at the cessation of the disease, ventured to exhibit it alone. No inconvenience resulted, and I have generally found a grain and a half of opium sufficient to prevent even three grains from griping in the least. Notwithstanding the unquestionable co-operation of the opium with the sulphate, the far superior share of the salt in curing the disease has been repeatedly proved by the previous failure of opium alone, or combined with other astringents, and by the dose of opium being actually diminished when the copper was superadded.

"The disposition to occasion sickness is much diminished by administering it, like all medicines inclined to disagree with the stomach, and intended to pass the organ without sensible effect, in the form of pill and after food has been taken."

With regard to the two "very severe cases" above alluded to, Dr. Elliotson mentions in a note, that they both recovered after having taken the medicine for six months.

A postscript is added to this communication, in which the author gives a short account of his experience with sulphate of quina. He recommends the exhibition of ten grains at once in ague; by which the disease may be immediately arrested. This practice is adopted by many of the French physicians. The subcarbonate of iron is stated by Dr. Elliotson to have cured chorea, in nine cases which have occurred to him since his former communication, and he has likewise treated a case of traumatic tetanus with the same remedy. He exhibited half an ounce every two hours, and attributes the cure which followed to its agency.

The postscript concludes with a statement of the author's experience with regard to acupuncture. He has used it extensively during the last three years, and finds it chiefly efficacious in affections of fleshy parts, and the more so as the disease is less inflammatory. One needle allowed to remain an hour or two in a part, is more efficient than several used for a short period: three or four applications are generally required. Dr. Elliotson also looks upon it as an eligible method of drawing off the water in anasarca; for this purpose the needle requires merely to be passed through the skin.

(To be continued.)

Ueber die Verwundungen des Linsensystems. Von F. C. DIETERICH, Chir. Doc. Mit Steintafel. Tübingen, 1824. 8vo. pp. 100.

THE University of Tübingen, with a view to a more perfect pathology of traumatic cataract, having proposed, as the subject of an experimental Prize Essay, the phenomena which attend punctured wounds of different parts of the lenticular apparatus of the eye, the work of Dr. Dieterich proved successful; and the result of his experiments, (made chiefly on rabbits and cats,) being somewhat interesting, we briefly detail them.

I. *Wounds of the anterior Capsule.*

—These were made by means of a straight needle passed through the cornea and a dilated pupil. In fourteen experiments, the capsule was merely punctured; in sixteen divided by a simple incision, in nine transversely, in seven vertically; and in six it was cut in various directions. From none of these wounds did capsular cataract follow. In one case only the formation of a pyramidal-shaped opaque substance on the anterior capsule succeeded a punctured wound of it; and in another, lenticular cataract, from the lens itself being wounded. In almost every instance, the appearance of a white flocculent looking matter at the wound, took place, of variable quantity, showing itself from six to twelve hours after the infliction of the injury, and disappearing by absorption generally in eight or twelve days. Simple incised wounds, especially the transverse, usually reunited completely. Where the capsule was divided in various directions, the cut portions being absorbed, a large aperture remained in it.

II. *Wounds of the posterior Capsule,* by means of a depressing needle introduced through the sclerotica.—In seven instances a punctured wound was made; in twelve an incised. By these also no capsular cataract was produced. In several of the punctured wounds no change whatever in the eye succeeded. The incised were almost always followed by lenticular cataract. Large wounds of the posterior capsule did not reunite, and gaped much.

III. *Wounds of the Lens.* In seventeen instances punctured wounds of the anterior surface of the lens were inflicted, and in seventeen incised wounds, simple as well as in several directions.

In five experiments the posterior surface of the lens was divided by an incised wound, and in eleven instances the lens was luxated. From all these it appears that the crystalline lens is not extremely susceptible of injury, that its surface is less so than its nucleus, and that wounds of its anterior surface are less frequently followed by cataract, than those of the posterior. In some cases where the needle was pushed into the centre of the lens, and its retraction was attended with some violence, so that that body experienced considerable concussion, lenticular cataract was produced. Where only a part of the lens was divided by a simple incised wound, in several instances no pathological effects took place. In those, on the contrary, where it was cut nearly through, lenticular cataract always occurred. Division of the anterior surface of the lens, in various directions, was not followed by bad consequences, especially in young animals. In one instance a portion of this body was actually cut out, became opaque, and was absorbed, but the rest of the lens remained transparent (we wish the author had determined whether the removed portion was reproduced). Superficial wounds of the posterior surface did not produce cataract—deeper did, with suppuration of the eyeball. Luxation of the lens was attended with its opacity; the capsule, however, remaining clear.

HOSPITAL REPORTS.

WESTMINSTER HOSPITAL.

Case of diffused Aneurism of the femoral Artery in the middle of the Thigh, which was supposed to be an Abscess, and opened.

A MAN, seventy-two years of age, was admitted under the care of Mr. Guthrie, on Monday, December 2nd, labouring under hæmorrhage, which, it was ascertained, arose from a rupture of the femoral artery, there being diffused aneurism of that vessel. In consultation with Mr. White, it was determined, for the reasons we shall afterwards state, to amputate the limb high up above the seat of the tumour. The operation was accordingly performed without delay. For some days the patient went on well, but we regret to state that he died a week after his admission.

Upon examination of the limb, the femoral artery was found to be much diseased at the ruptured part; it was also ulcerated above the opening; and would no doubt very soon have given way at other points. The coats of the vessel were thickened, and had a semi-cartilaginous feel. A considerable quantity of blood had escaped into the surrounding textures. At the part where the limb had been amputated, the size of the artery appeared rather enlarged; but its structure did not present any appearances of disease.

The following account was given by the surgeon who had attended him previous to his admission:—On the 8th November he had been affected with anasarcaous swelling of both legs, the urine being at the same time scanty and high coloured. Under appropriate treatment, the swelling of the extremities diminished; and a few days after he complained of stiffness and tightness about the ham and tendons of the sartorius and gracilis muscles. On the 15th, a slight swelling appeared on the inner and lower part of the thigh, and he complained of great restlessness. Fomentations were applied to the part, and anodynes prescribed. At first the swelling appeared so trifling as to be taken for the remains of the œdematous affection, which had extended even to the groin. Next day the swelling was more diffused and more painful, particularly on pressure; leeches were applied with some relief. By the 19th, the swelling was still further enlarged; but no pulsation was detected by the surgeon. It was looked upon as a common phlegmonous tumour, and fomentations and poultices were constantly applied. Under this treatment, the swelling continued to extend. The temperature of the limb was increased, and the patient had a rigor. On the 24th, the attending surgeon, finding the tumour increasing in size, and conceiving that matter had formed beneath the fascia, determined on making an opening into it next day, with the view of ascertaining its nature. We are informed also, that preparations were made to take up the artery if it should be found connected with the tumour. On the 25th another surgeon saw the patient, and, with his concurrence, an opening was made with an abscess lancet into the centre of the tumour, where the fluctuation was most evident and superficial. The course of the femoral artery

was avoided. On withdrawing the lancet, the blade was seen tinged with pus and dark grumous blood. About two ounces of sanious fluid, evidently streaked with matter, was discharged. It was thought necessary to enlarge the incision, and with the view of perfecting the suppurative process, poultices were again applied. For the first five days after the opening of the tumour, nothing but a thin serous discharge took place; but at this time coagula of blood began to escape when the limb was dressed or moved, and this continued at intervals for two or three days. The case was now deemed alarming, and additional assistance was thought necessary. The patient was put into a coach for the purpose of being removed to the Westminster Hospital, and during this time very serious hæmorrhage occurred, and in this state, as before mentioned, he was admitted.

Upon this interesting case Mr. Guthrie made some very important practical observations. After having examined the limb, and explained the nature of the disease to the students, he remarked, that, from the progress of the case and from the age of the patient, he was convinced that disease of the artery existed, and consequently that no operation upon the part where the opening had been made could have been of any use. If no opening had been made into the swelling, he should have secured the femoral artery in the upper third of the thigh. But under the circumstances of the case, as they existed when he first saw the patient, this mode of practice would have been ineffectual and injudicious, from the danger of hæmorrhage from the lower portion of the divided artery. A case had recently occurred in the hospital, where bleeding did take place from the inferior portion of the divided artery, and the patient died. In that instance, Mr. Guthrie had recommended amputation. In the present case also, the only chance that surgical assistance could offer the patient was by amputating the limb above the aneurismal tumour, and, with the concurrence of Mr. White, the operation had been performed without loss of time. The state of the vessel at and above the part where the rupture had occurred, fully proved the accuracy of the opinion Mr. Guthrie had formed upon his first inspection of the patient.

GUY'S HOSPITAL.

*Axillary Aneurism of the Right Side.—
Operation of Tying the Subclavian Artery.*

WILLIAM WESTON, æt. thirty-eight, a stout and very muscular man, was admitted November 28, under the care of Mr. Bransby Cooper. About three months ago, he felt a slight pain and numbness just below the middle of the right clavicle, which extended down the arm to the fingers; this occurred once or twice a week, increasing in severity each time. At the end of a month, the paroxysms had become so violent, that, during their continuance, he was obliged to desist from his ordinary occupation—that of a wood hawker. In nine weeks from the first attack, his attention was directed to a slight fulness upon the upper and fore part of the chest. Sixteen years ago he worked very hard, excavating a dock; he drank freely at that time, but has lived very temperately for the last few years.

Upon examination, a large pulsating tumour was perceived in the axilla of the right side, extending to the fore part of the chest, and producing a fulness about the size of an egg, between the subclavius muscle and clavicular portion of the pectoralis major: the tumour could be traced so far back as the edge of the latissimus dorsi; the base could not be distinctly felt; handling the swelling increased the pain; a very slight pressure on the subclavian artery completely stopped the pulsation in the tumour. The arteries of the arm were uninfluenced by the aneurism, the pulsations at both wrists corresponding, which, however, were unusually feeble. The numbness and pain had become so great, as entirely to deprive him of rest. He was ordered a little aperient medicine, a day or two prior to the performance of the operation, which took place on Tuesday, Dec. 4.

The patient was placed upon a long table, in the horizontal posture*, with the shoulders slightly elevated, the head directed to the left side, the right arm forcibly drawn down, and the shoulder depressed. The integuments covering the clavicle were stretched upon the chest, and the operation commenced by making an incision, about three inches long, which laid bare the edges of the ster-

* Mr. Cooper here remarked upon the necessity of the horizontal posture, for the entire deprivation of all muscular action, every fixed point being thus taken away.

no-cleido-mastoideus and trapezius muscles; when the skin, from its natural elasticity, retracted, so as to leave a free opening above the clavicle, exposing the superficial cervical fascia, the platysma myoides being perfectly divided. The centre of this incision was met by a vertical cut, in the direction of the posterior edge of the sterno-cleido-mastoideus. The external jugular vein was distinctly seen on the inner side. The anterior edge of the scalenus anticus muscle was next laid bare by clearing away (with the sharpened handle of the knife) the condensed cellular texture, during which process the omo-hyoideus was exposed, and the artery immediately seen emerging from between the scaleni: it was easily cleared from the surrounding parts, so as to admit of the passage of the aneurismal needle. This instrument deviated from the one generally used, by forming a larger portion of the segment of a smaller circle, so as to occupy much less room. A single silk ligature was passed under the artery, and tied in the ordinary way; the vessel could then be seen pulsating between the heart and the ligature, although previously the pulsations could scarcely either be seen or felt. One end of the ligature being cut off close to the artery, the other was left at the external wound. The integuments were brought together by a single suture, and adhesive plaster, and the right arm and hand were enveloped in flannel. The patient was then replaced in bed, having scarcely lost an ounce of blood; indeed, only one small artery was divided, and which ceased bleeding without being tied. The pulsation in the tumour entirely ceased upon the application of the ligature, and the sac soon became completely empty. The patient expressed great relief. He went on in the most favourable manner till the 7th, when he had a tingling sensation in the arm, accompanied with great pain; at this time, too, he had slight difficulty of breathing, and considerable restlessness: these symptoms, however, subsided, together with the pain in the arm, upon the exhibition of the submuriate of mercury, $1\frac{1}{2}$ grs., opii. 1 gr. Gentle aperients have occasionally been administered, the effect of which has produced more than usual lassitude, rendering it necessary to administer small doses of ammonia, which have always removed the disposition to depression. The wound was dressed upon the fourth day, when it appeared

very healthy, and was quite free from pain. Since the operation his pulse has generally been from 80 to 86, varying but very little either in frequency or fulness. The temperature of the limb is not in the least diminished.

December 11. Upon visiting him this morning, we find that he has passed a good night, and is, in every respect, going on well.

ST. THOMAS'S HOSPITAL.

Injury of the Head complicated with Malformation.

WILLIAM STRICKLAND MENZIE, ætat. 17, but apparently not more than 15, of weak understanding, and unable, from his infancy, to hold up his head without difficulty, received a blow, about two years ago, on the back of the neck, producing a stiffness which remained after his discharge from Guy's Hospital, where he was for some time a patient. He was brought into St. Thomas's Hospital on the 30th of November, having fallen from a window three stories high an hour previously. He was then totally insensible, his skin cold, his face pale, his respiration hurried and laborious; the pupils were contracted, the pulse scarcely perceptible. He had vomited once since the accident. The whole occiput was much bruised and swollen, and the scalp having been shaved, it seemed as if the posterior superior angle of the right parietal bone was slightly depressed, but there was no other appearance of fracture.

Mr. Travers ordered small quantities of brandy to be administered at short intervals; an enema, containing half an ounce of ol. terebinth. to be thrown up; and heated cloths to be applied to the surface of the body.

In the evening there was a slight reaction, the skin was rather warmer, but the pulse was still very weak. He had vomited twice, and passed a stool since his admission, before the clyster was administered. The brandy, which he had swallowed without much difficulty, was now ordered to be discontinued.

Dec. 1st. He has been very restless during the night; more reaction has taken place; the face is flushed, and the skin warmer, but respiration is still very laborious; the pupil contracts and dilates slowly and alternately, apparently uninfluenced by light. The pulse in the left arm is 60, regular; in the

right it is scarcely perceptible. Pressure on the scalp causes considerable pain. The left arm is motionless but sensible, the right the reverse. He made an attempt to speak this morning on hearing his mother's voice, but seemed unable to articulate. Twelve leeches were ordered to be applied to the head, and afterwards a poultice.

Dec. 3rd. He is still comatose, the pupils are dilated, and do not contract on the admission of light; the pulse has varied during the day from 80 to 120, being very small. In the afternoon Mr. Travers made an incision through the scalp, parallel to the sagittal suture, half an inch on the right side of it, and passing posteriorly an inch beyond the lambdoidal suture. The cellular substance beneath the scalp was found infiltrated with blood. The pericranium was closely adherent to the bone, in which no fissure was discernible. Mr. Travers, therefore, did not proceed further; and the bleeding, which was pretty free, was stopped by a compress. The patient seemed to be somewhat roused by the pain of the incision, and attempted to raise his hand to his head, but soon relapsed into his former condition.

The patient lingered two days longer, and died at nine in the evening of the 6th of Dec.

Post Mortem Examination Eighteen Hours after Death.

On removing the scalp, the pericranium was found to be thickened in its whole extent from blood effused into its texture; and when this was separated from the skull, two fissures were perceived commencing from the same point near the centre of the left parietal bone, the one running obliquely across the os frontis, and terminating in its right external orbital process; the other following the coronal suture, quitting it only for the space of about three lines, and terminating at the squamous suture. There was no depression of bone except at the angle made by the two fissures, where a small portion of the inner table was slightly depressed. The dura mater was uninjured and adherent to the bone, except in the direction of the fissures, where its surface was covered by two or three small coagula; in the same situation, beneath the pia mater, was a more considerable effusion of blood, and at the edge of the left hemisphere, blood was effused into the cortical substance of the brain, to a small extent. On

separating the hemispheres, a large semi-transparent cyst was seen occupying the situation of the corpus callosum, which, together with the fornix, seemed to be wanting, the third ventricle being covered by a thin transparent membrane. This cyst, which was two inches in length, and one in breadth, contained about an ounce of limpid serum, and had numerous small vessels ramifying on its internal surface; it was found to be attached to the left hemisphere immediately above the lateral ventricle, the roof of which it partly formed. This ventricle was greatly enlarged and distended, and contained about four ounces of serum. On taking out the brain, a large coagulum was found on the inferior surface of the right middle lobe, which had a considerable quantity of blood effused into its substance, and was much softer than natural. The cervical vertebræ, and the portion of the chord which they contain, were healthy. The thorax and abdomen were not opened, and the brain was now put into alcohol, for the purpose of making a more minute examination.

Dec. 10th. The right lateral ventricle was found to be equally distended with the left, the corpus callosum entirely wanting; the fornix was entirely deficient on the left side, and all but its anterior pillar on the right—there was a small hydatid upon the corpora quadrigemina.

MIDDLESEX HOSPITAL.

Case of Rupture of the Duodenum.

MICHAEL PIGEON, fifty-seven years of age, was brought into the hospital at one a.m., on the 2d of December, having been run over by a hackney coach, across the loins and belly, when in a state of intoxication. The abdomen was tense and exquisitely painful, and he frequently ejaculated his belief that his bladder was ruptured. The pulse was small, feeble, and rapid: he was pallid and cold, tossing to and fro, and earnestly desiring that his water might be drawn off. A catheter was passed, and about three ounces of highly-coloured urine evacuated, slightly tinged with blood; and after reaction had in some degree taken place, he was bled to ʒxii. , and had a large enema administered. At nine a.m. the same symptoms were present, only in a more aggravated form: his pain and agony

were excessive, and his desire to be relieved of his water continually urgent. He had constant thirst, drank incessantly, and vomited as soon as he had done so: pulse small and exceedingly rapid, and a dry, brown tongue;—leeches were applied to the abdomen, and enemata administered.

These symptoms became more urgent and more distressing, and he sunk rapidly at five o'clock the same afternoon.

Dissection.—The whole of the peritoneum was highly inflamed, patches of coagulable lymph being thrown out on its surface; the bladder much condensed and thickened, but, on minutely examining it, no rupture could be discovered; the ureters and kidneys were likewise free from all injury; but, in pursuing the examination, the duodenum was found to be torn across, near the entrance of the ductus communis choledochus; and there were about two pints of fluid in the abdomen. This fluid, which was at first imagined to be urine, was afterwards proved to be some of the toast and water which he drank.

HOSPITAL FOR SURGERY, PANTON-SQUARE.

Strangulated Hernia, without the usual Symptoms of Inflammation.

A MAN was admitted into the hospital in Panton-square some days ago, with a hernia of the right side. He had been ruptured for some time, but had hitherto kept up the parts by a truss, and when they had occasionally protruded, he had himself returned them without difficulty; he was now, however, incapable of doing so, and consequently sought for surgical assistance. The parts had been protruded from the abdomen about eight hours, since which his bowels had once been slightly open. The tumour presented no appearances of inflammation; it was neither red, hot, nor painful. The countenance of the patient exhibited no marks of distress or anxiety, from which danger might have been apprehended; nor were there any other alarming symptoms. Mr. Duncan bled the patient, and made attempts to reduce the hernia by the taxis, but, having failed in his endeavours, Mr. Lawrence was sent for in the absence of Mr. Wardrop. Mr. Lawrence was of opinion that, by the application of ice, the reduction of the parts would still be effected, and

that, as the tumour was free from all inflammatory symptoms, the necessity for an operation was not indicated. Ice was, therefore, applied for a few hours, but without avail. Mr. Wardrop saw the patient two or three hours afterwards, when, as he had become very restless, and had some hiccup, he deemed it expedient to lose no further time. The operation was accordingly performed; but in the course of a short time the man died.

Upon examination *post mortem*, the intestines generally were found inflamed, and the part which had protruded into the hernial sac was of a deep red colour, approaching almost to a state of sphacelus.

PROCEEDINGS OF LEARNED SOCIETIES*.

MEDICO-CHIRURGICAL SOCIETY.

Tuesday, Dec. 11.

A PAPER was laid before the Society, containing an account of a peculiar inflammatory affection of the eye, by Mr. Wallace. This disease comes on chiefly after fevers—first showing itself by the supervention of amaurotic symptoms, or perhaps rather by glaucoma: this state is soon followed by iritis and dimness of the cornea. The peculiarity of this form of ophthalmia consists in its resisting the ordinary remedies, and yielding to the free administration of bark. The paper was rather lengthy, comprehending numerous cases: the perusal occupied the usual time allotted to the meeting; and the subject being apparently new to the members, led to no discussion.

LONDON MEDICAL SOCIETY.

Monday, Dec. 10.

MR. BRYANT read the history of a case, in which the dissection showed very decided proofs of extensive inflammatory action in the brain; an abscess, containing half an ounce of pus, having been found in the right lobe of the cerebellum, although the patient never complained of any severe pain in the head; nor were any of those symptoms present, in a very prominent manner, which usually attend the progress of fever. A few days before his death he

* We shall only give the discussions at the various Societies when there is something of interest to relate.

lost all command over his lower extremities, but sensation remained in them some time longer; eventually the whole of the left side became paralytic.

A discussion followed, on Dr. Cluttbuck's Theory of Fever, which he, being present, defended, *viva voce*, against the attacks of Dr. Shearman and other gentlemen.

The Society was adjourned to Monday, Jan. 14, 1828.

WESTMINSTER MEDICAL SOCIETY.

Saturday, Dec. 8.

MR. BENNETT made some observations on inflammation.—This led to a discussion which turned principally on the stethoscope and French pathology; and in which a good deal more was said in favour of both than they deserved.

EXTRACTS FROM JOURNALS,

Foreign and Domestic.

CASE OF PRECOCIOUS GROWTH.

BARBE ECKHOFFER was born in 1806, of healthy and robust parents, of ordinary stature. Her mother had had six children, all of whom had been very strong. At birth, the subject of the present account was twenty-three inches long, and weighed about two pounds more than an ordinary infant. The fontanels of the cranium were not ossified. The growth of the child was very rapid. From the eighth day the mother's milk was deemed insufficient, and broth was given to it. Fifteen days after birth, four teeth appeared; but, excepting the unusual growth of the child, nothing extraordinary was remarked, until the seventh month. At this time she was weaned, and although her food was not of a very digestible quality, her health continued uninterrupted. She now began to walk. The incisor teeth protruded through the gums, and the hair, which had hitherto been fair, became brown, and grew so fast as to reach the middle of the back. At nine months old she menstruated, and the pubis was covered with brown firm hair, and, in fact, she exhibited every sign of puberty. The first time she menstruated, the discharge continued for seven days, and occurred regularly until her death, which took place when she was twelve years old. After the ninth month she did not for

some time grow with such rapidity, but at six years of age she was three feet nine inches in height, and weighed fifty-four pounds (Venetian weight). In her twelfth year she died of fever. It is remarkable, that, notwithstanding the development of the body in general, and of the organs of generation in particular, she never exhibited any manifestation of sexual instinct.—*Allgemeine Deutsche Leits. fur Gebactskunde.*

CONGENITAL ABSENCE OF THE GASTROCNEMEI MUSCLES.

M. PALETTA, in his *Exercitationes Pathologicae*, gives three instances of congenital absence of the gastrocnemii muscles, one of which is as follows. A little girl, seven years of age, had a continual lameness of the left leg, and often felt as if this limb could not support her weight. M. Paletta, who was called to examine her, found the bone of the leg quite entire; the left heel was more rounded and prominent than the other, the limb very slender, particularly near the ankle, where there was a cavity without fat. At its middle and upper part it presented a flat surface, evidently resulting from the absence of the gastrocnemii and their tendon. Some tendinous fibres could be felt under the skin adhering to the bone, but which could not act as a substitute for the tendo achillis; and accordingly, when the foot was extended, by pressing the heel from below upwards, the flexor muscles not being sufficiently counterbalanced, it was quickly brought back into the state of flexion. This condition, which had been regarded as the result of weakness of the limb, or of convulsions, was thus found to depend upon the malformation above described.

CASE OF A MAN STUNG TO DEATH BY BEES.

M. F. BERTRAND, a man 34 years of age, and of a good constitution, was informed that one of his principal bee-hives had blown down; he hastened to the spot in a loose undress, and endeavoured to replace it. He was immediately attacked by a number of bees; they fixed upon his chest and face, and caused considerable pain. He ran from the spot, but the bees pursued him to the house, and continued to sting him. They were soon driven away, but he declared that he felt himself dying, and fell down al-

most immediately. He was found by M. C. de Lafayette, stretched upon a mattress, pale, and breathing feebly and interruptedly. His pulse was scarcely perceptible, and the surface of his body was cold. Fearing that this alarming state arose from impending suffocation, and that a bee might have entered the trachea, the operation of tracheotomy was immediately performed, but in vain, the unfortunate gentleman died almost instantly, and not more than ten minutes after the receipt of the injury. No examination of the body was made.

If such an accident had occurred in our own practice, and we had had to contend with the symptoms above mentioned, we should, without hesitation, have given any diffusible stimulus that happened to be at hand.

A case occurred at St. George's Hospital, some years ago, in which the sting of a single bee proved fatal.

PEA GROWING IN THE EAR.

A FEW years ago a woman brought her daughter (aged 6 years) to M. Dupuytren for an inflammation and swelling of the ear. It was found that the child had been playing with some peas a few days before, and had introduced one into the left meatus auditorius. The foreign body had remained there three days, completely obstructing the passage of sound, so that she was quite deaf on that side. Pain came on, and soon increased, with a serous discharge and fever. The pea could be perceived on pulling the ear a little outwards and upwards to straighten the canal, and was removed without difficulty. It had been dry when introduced, and was now found swelled, softened, and green, with a radicle or little stem which had been developed in the ear. This incipient germination at first may appear extraordinary, but ceases to be so when we reflect that in the auditory canal the pea was placed in circumstances favourable to vegetation, having heat, moisture, and the presence of air.

SPONTANEOUS ARTIFICIAL ANUS.

A CASE of the above description is related in a recent number of the *Archives Générales*. The patient, at the time she first applied for medical assistance, was upwards of fifty years of age. At the termination of a labour, which happened twenty years before, she had had an

umbilical hernia, which, not being kept constantly reduced, had gradually increased; it at length acquired so considerable a size, that, in the course of ten years, the whole of the intestines appeared to be situated in a kind of pouch, which she supported by means of a bag made for the purpose. At the end of the second year, the skin became red at the lower part of this projecting mass, and small whitish vesicles made their appearance. Ulceration took place, and in a short time a round opening was established, about the size of a five-franc piece. The circumference of this opening soon healed, but the centre of it remained pervious, and discharged, at different times, pus, serum, or blood. During the ten years which had elapsed from the appearance of this ulceration to the time of her seeking medical aid, the aperture had closed and opened several times. The movement of the intestines could be seen through the base of the tumour. She was still able to continue her usual employment. Some time afterwards she perceived that a portion of food which she had taken, issued from the wound, three hours after she had swallowed it. Upon pressing the hernial sac, fecal matter escaped from the opening. In the centre of the old wound, was found an opening about the size of a shilling. The edges of this aperture projected, and formed a kind of sphincter. It was ascertained that this opening was situated on one of the small intestines. It was round, as if it had been formed by a pair of scissors, and the borders were red and tumefied. The intestine was reduced, and fixed near the wound. Poultices were applied, and perfect rest recommended, to facilitate the union of the parts. The stools passed in the natural way; they were soon, however, suppressed, and the wound of the integuments contracted, so that an artificial anus was completely established.

EXTRACTS FROM THE PORTFOLIO OF A READING DOCTOR.

MEDICAL REPORT DURING LADY JANE SEYMOUR'S ILLNESS.

SHE was married to Henry VIII., the day after Ann Boleyn's execution. Seventeen months afterwards she fell in labour, and was delivered of a living son, on the 12th of Oct. 1537. She

was alive on the 17th. The *Herald's* Office dates her death on the 24th Oct. The following is the report of her six physicians. "These shall be to advertise your Lordship of the Queen's estate. Yesterday afternoon she had a natural *laxe*, by reason whereof she began somewhat to lighten, and, as it appeared, to amend, and so continued till towards night. All this night she hath been very sick, and doth rather appaire than amend. Her confessor hath been with her grace this morning, and hath done all that to his office appertaineth, and even now is preparing to minister to her grace the sacrament of unction. At Hampton Court, this Wednesday morning, at eight of the clock."—TURNER'S *Life of Henry VIII.*

PROCEEDINGS AGAINST EMPIRICKS IN EDWARD THE SIXTH'S REIGN.

IN this King's reign several practisers of physick were examined by the College, and found so unfit for the practice of that art, that they were rejected; others were punished according to public statutes, and others fined.

In the fourth year of this King's reign, in the month of September, one Grig, a poulterer, of Surrey, taken among the people for a prophet, in curing of divers diseases, by words and prayers, and saying he would take no money, &c., was, by command of the Earl of Warwick, and others of the council, set on a scaffold in the town of Croidon, in Surrey, with a paper on his breast, wherein was written his deceitful and hypocritical dealings; and after that, on the 8th of Sept., set on a pillory, in Southwark, being then our Lady Fair there kept, and the mayor of London, with his brethren, the aldermen riding through the fair, the said Grig asked them and all the citizens forgiveness.

"Of the like counterfeit physician, saith Stow, have (I noted in the summary of my Chronicles, Anno 1382), to be set on horse-back, his face to the horse-tail, the same tail in his hand as a bridle, a collar of jordans about his neck, a whetstone on his breast, and so led through the city of London with ringing of basons, and banished."—GOODALL'S *History of the College of Physicians*, p. 306.

We offer this as a suggestion to the College of Physicians, applicable at the present juncture.

BLUMENBACH'S MANUAL OF NATURAL HISTORY.

IN an interleaved copy of this work, which was used by an eminent philosopher whilst attending Blumenbach's Lectures, we find a few manuscript notes which may amuse our readers, and be of use to the editor of a future edition of the work. We shall extract them, affixing the number of the paragraph, and the subject to which each note relates.

§ 16. *Influence of Circumstances on the forms of Animals.*

Little birds fed in chambers constantly on hemp-seed, become black. There is no more striking instance of degeneration than the common cock and hen, compared with the original in India. The wild canary is brown and green, and it has not been in Europe for three hundred years. There are some with plumes on the head: such is the bird in a state of nature. Between the skull of a Negro and a European, the difference is little, indeed, compared with the difference between that of the wild and domestic swine. In Syria, animals, goats, cats, rabbits, acquire a beautiful long silk hair.

§ 17. *Nutrition.*

The elephant is purely a graminivorous animal, and therefore composed entirely of metamorphosed grass. What a miracle! Rabbits, which are warm-blooded animals, and caterpillars, whose fluids are white, both can exist their whole life on cabbage. This is still more wonderful in plants of various kinds, which grow in the same bed, perhaps in which the nutriment is converted, in one instance into rue, in another into wormwood, in another into peas.

§ 19. *Reproduction.*

Saw at Blumenbach's four sea-stars, one perfect—the other with four rays only, another with three, and the last had lost all but one ray; but all were in a state of reproducing the lost parts. The last had therefore lost four-fifths of its frame.

§ 20. *Generation.*

In the animalcula of infusions the shape is oval—then comes a furrow; this furrow gets deeper and deeper, and the points of junction smaller and smaller till they divide, and thus become two creatures. The same is the case with the bell-formed polypus, and then the furrow is longitudinal.

§ 21. *The Natural Age of Man.*

Blumenbach thinks eighty-four the natural close of life; his reasons he did not give.

§ 25. *Voice.*

Voice is attributed to such animals only as have lungs; lungless animals are either dumb, or, at most, sound, not voice, is attributable to them. The hissing of the rattlesnake is voice, his rattle is only sound. Some fishes have sound—none voice.

§ 32. *Hibernation.*

Of the hamster, opened rapidly and neatly during its winter sleep, the heart beat only fifteen times in a minute. When the same animal is opened in summer, the heart beats one hundred and fifty times in a minute, so deep is their winter sleep. As for the length of it, in the Blanche, an ice-valley, covered with ice, all but a few spots that are melted, appear little islets of green, but never longer than eight weeks in a year. Here are marrots, that sleep all the rest of the year, except July and August.

enabled him to comprehend and do justice to the advancement of his art, during the last twenty years. He was what might be termed a liberal thinker in politics and religion; and he would discuss the subtleties of both, with an urbanity and good sense, that rendered him an agreeable companion in society, and that gave weight to his public opinions and his private friendships.

He complained of being unwell in the morning, desired to go to bed, and before his friend Dr. Babington, who was sent for, arrived, he was dead.

His last appearance in any public assembly, was probably on the 9th of November, when, with many distinguished members of the medical profession, he was among the visitors at Apothecaries' Hall. On this occasion he gave his sentiments on the late disturbed state of the medical profession, in a happy style, peculiar to himself, when he hailed the returning unanimity of the honourable professors of medicine with a prophetic exultation; to which every kindred mind responded—Amen.

OBITUARY.

ON Thursday, December 6th, at his house in the Old Jewry, died, at an advanced age, William Norris, Esq., one of the Court of Examiners of the Royal College of Surgeons, Surgeon to the Magdalen Hospital and the Charter House; and, for half a century, one of the most conspicuous practitioners in the City of London. Mr. Norris was one of the old school, as his dress and demeanour imported. He was polite, affable, and correct; a gentleman, and a scholar. As a surgeon, he ranked with the highest of those who took their pathology and physiology from the teachers of the last century; but his good sense, and his strength of mind,

BOOKS RECEIVED FOR REVIEW.

Mr. Frost on the Croton Tigilium.

Mr. B. Marshall on Medical Education.

NOTICES.

Numerous letters and papers have been received, which we have not room to acknowledge individually.

ERRATA.

In No. I. p. 16, for "backgammon-board" read "chess-board"

p. 22, line 26, transpose "permeable and impermeable"

p. 22, for "M. Amisast read M. Amusat"

THE LONDON MEDICAL GAZETTE,

BEING A

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No. 3.] SATURDAY, DECEMBER 22, 1827. [VOL. I.

OBSERVATIONS

ON THE

DISEASES OF THE URETHRA, BLADDER, AND PROSTATE GLAND.

BY B. C. BRODIE, F.R.S.

As delivered by him in his Surgical Lectures.

[Symptoms of Stricture, continued from page 8.]

OF those individuals who labour under stricture of the urethra, some are more, and others less liable to retention of urine. Much depends probably on the patient's constitution, but much also on his mode of life; and those who are exposed to vicissitudes of temperature, or who indulge in the use of spirituous or fermented liquors, are troubled with retention of urine more frequently than those whose mode of life is different. One person may suffer from an attack of this kind not oftener than once in six months, while another may be affected in the same way every week, or fortnight. In the intervals, the stream of urine becomes narrower and narrower, and at last it flows only in drops. In some cases it dribbles away constantly and involuntarily, and the bed and clothes are absolutely sopped in urine, making the unhappy patient disgusting to himself and to his friends. This involuntary dribbling does not, in general, indicate a contracted state of the bladder, as you would suppose, but just the reverse. The bladder is, in fact, loaded with urine, and when it does not easily admit of further distention, the urine overflows, and all beyond a certain

quantity is discharged involuntarily. The exceptions to this rule are very rare, and it applies not only to the involuntary flow of urine in cases of stricture, but also to that which takes place under other circumstances.

In the advanced stage of the disease, there is sometimes a natural effort made, I will not say for the patient's cure, but for his relief. I am much mistaken if a stricture is not sometimes destroyed, at least in part, by ulceration. For example, I attended a gentleman, who had laboured under stricture of the urethra for a great number of years. He voided his urine with the greatest difficulty; the stricture was rigid and unyielding, but I succeeded in the introduction of a catgut bougie, which enabled him to make water in a small stream. Under these circumstances, he was seized with pain in the act of making water, which lasted for some minutes afterwards. The pain became more severe; it was referred to the situation of the stricture in the posterior part of the urethra, and the patient described it as intolerable. He said he could compare it to nothing but the sensations which he supposed would be produced if melted lead were poured into the urethra. Every half hour he had a desire to make water, and his screams and groans could be heard, not only over the whole house, but even in the street. In the course of a few days these symptoms began gradually to abate, and now it was discovered that the urine flowed in a much larger stream. When the attack had completely subsided, the condition of the patient was much improved, for he made water more freely than he had

done for many years. I know not how the symptoms which occurred in this case, and the improvement which followed, can be accounted for, except on the supposition of the stricture having been in a state of ulceration.

Such a case is rare ; but what I am going to describe is common enough. The patient complains of more than usual difficulty in making water. Perhaps he has a shivering. A hard tumour, with some degree of œdematous swelling round it, presents itself in the perinæum, or on the adjoining part of the nates. The skin over it becomes inflamed, and the fluctuation of fluid is perceptible under the inflamed skin. An abscess bursts, or you open it with a lancet, and a considerable quantity of pus is discharged ; then the œdematous part of the swelling begins to subside ; pus continues to flow through the orifice of the abscess ; and, after a longer or shorter time, it is observed that urine flows through it also. The discharge of pus diminishes, but the urine flows in larger quantities, and whenever the patient makes water, part escapes through the natural channel, and part through the orifice of the abscess. The abscess has evidently a communication with the urethra behind the stricture. If you have an opportunity of dissecting the diseased parts, while the abscess as yet is recent, you find it to open into the urethra by a ragged irregular orifice. If you examine the parts at a later period, the orifice, by which the abscess and the urethra communicate, is found to be smooth, regular, and rounded at the margin. Sometimes, instead of one, there are two or three such orifices. The urine continuing to flow through the abscess, the sides of it become hard and callous, and a callous tubercle is formed where it opens on the external skin. We now call it a fistula in perinæo. Such a fistula, however, may open elsewhere ; on the scrotum, or the groin, or even on the penis near the scrotum. From the time that such a fistula is established, the difficulty in making water is much diminished. There are no more attacks of retention of urine ; since, although the stricture is closed, there is still another passage by which the bladder may discharge its contents. The formation of the abscess in the perinæum is always attended with some degree of fever ; but sometimes the febrile symp-

toms are very urgent : the skin is hot, the pulse small and frequent, the tongue brown, and covered with a black crust. If the abscess be not opened, the patient is likely to perish before there is time for it to burst spontaneously. If you open it, a dark-coloured offensive putrid pus is discharged. The bad qualities of the pus, in these cases, are manifestly owing to an admixture of urine. As soon as the urinous abscess is opened, the pulse becomes less frequent, the skin less hot, the tongue clean and moist, and the patient, who appeared on the verge of death, is restored to life, and comparatively to health. I have seen a few cases in which there was a fistulous communication between the rectum and urethra behind the stricture. If such an opening be of large size, it is a source of great distress, as fæculent matter occasionally insinuates itself into the urethra. If it be small, the absolute inconvenience is trifling, and the patient is rendered sensible of its existence, only in consequence of a small quantity of air occasionally escaping by the urethra.

If you consider the relations which the urethra bears to the bladder and prostate gland, you will not wonder that these organs should suffer in old and inveterate cases of stricture.

A chronic enlargement of the prostate gland is one of the most frequent changes to which the body is liable in old age : and it may take place in those who labour under stricture of the urethra as well as in other persons. There is, however, more than this merely accidental combination of the two diseases with each other ; and those who have long been tormented with stricture, are more liable to disease of the prostate, and are liable to it at an earlier period of life than those in whom the urethra is free from obstruction. In a great number of instances, where the patient is somewhat advanced in years, after you have dilated the stricture, you find that the relief is incomplete, and remedies beyond those which the stricture itself demands, are necessary to remove or palliate the symptoms produced by the disease of the prostate. Abscess in the substance of that gland is not an uncommon occurrence in old cases of stricture ; and it generally bursts into the urethra, or at the neck of the bladder. In the former instance, the first bursting of the abscess is indicated by

a profuse purulent discharge from the urethra, unmixed with urine; and by a constant, though more moderate, discharge afterwards. In the latter case a deposit of pus is observed in the urine. It is not, however, my intention to enter at present into the history of the additional symptoms which arise from the complication of disease in the prostate in old cases of stricture; since these do not materially differ from what we observe in other cases where the prostate is alone affected. For what I have to say on this head, I must refer you to a future Lecture. There are, however, two observations which may perhaps be introduced now better than hereafter. The first is, that where a chronic enlargement of the prostate supervenes on a permanent stricture, the latter becomes less liable to spasm, is more easily dilated, and is altogether more tractable than it was before. The second observation is, that, although the combination of stricture and disease in the prostate is common enough, still it is not so common as it is supposed to be by some surgeons. The urethra, in cases of disease of the prostate, is often unusually irritable, and spasm is more readily induced in it, or in the muscular fibres surrounding it, than where the prostate is healthy. An old man, who has a frequent desire to void his urine, and voids it slowly and with difficulty, applies to a surgeon, whose hand is light and accustomed to the use of the catheter. The catheter readily passes, or at any rate meets with no obstruction until it reaches the neck of the bladder, and the case is set down as one of disease in the prostate, which it really is. Another old man, under precisely similar circumstances, applies to a surgeon, who uses the catheter rudely and incautiously; the urethra resents this rough usage; spasm is induced, and the point of the catheter cannot be made to pass farther than the membranous part of the urethra; the case is then supposed to be one of stricture, and is treated as such: I need not tell you to how little purpose.

I have already mentioned, that the bladder is rendered irritable in many cases of stricture. In consequence of this it is never properly distended; and it becomes small and contracted. If the stricture be dilated, the morbid irritability of the bladder is relieved, and the latter soon regains its natural capacity. In many cases, where the dis-

ease is of long standing, the inner membrane of the bladder becomes affected with chronic inflammation. It secretes aropy, adhesive mucus, which sticks to the bottom of the chamber-pot. Sometimes this mucus is formed in such abundance as to obstruct the canal of the urethra, closing the stricture, and adding very much to the difficulty of making water. In such cases, if you examine the body after death, you find the mucous membrane of a red colour, in consequence of the turgid state of the blood-vessels. Things may continue in this state, sometimes better, and sometimes worse, for months, and even for years. Occasionally this condition of the mucous membrane leads to greater mischief. A gentleman had suffered from stricture during a great number of years. When I was consulted, the stricture was much contracted: he made water with very great difficulty; the urine contained a very large quantity of ropy mucus: there was pain along the course of the urethra, and in the lower part of the abdomen, which became excruciating after the urine was voided; and frequently there was hæmorrhage from the bladder, to a very great extent. The patient at last died, worn out by his sufferings; and on examining the body, after death, besides the stricture of the urethra, there was found a large ulcer on the inner surface of the bladder.

I have met with several cases of stricture in which the internal membrane of the bladder was found, after death, not only inflamed, but encrusted over a large part of its surface with coagulable lymph. Such an effusion of lymph is the result of acute inflammation, differing in its character from the chronic inflammation, which produces the secretion of ropy mucus; and it is observed chiefly (if not exclusively) where the patient has died after having been harassed by repeated attacks of retention of urine.

There are other cases in which, instead of being irritable and contracted, the bladder is more capacious than natural, and the patient never empties it completely. Here, when you have dilated the stricture, the symptoms are only partially relieved; and on introducing the catheter, you find a large quantity of urine to have been retained in the bladder.

In most cases of stricture, the muscular coat of the bladder is thicker and

stronger than natural. This circumstance is easily explained: the bladder has been called on to make unusual exertions; and it is a law of the animal economy, that muscles, which are unusually exercised, become increased in bulk.

In some instances the mucous membrane of the bladder is protruded through some of the interstices of the muscular fibres, forming numerous small cysts, communicating with the cavity of the bladder. These cysts appear to be produced in the following manner:—When the patient strains in voiding his urine, the mucus membrane is pressed on by the urine from within, while it is compressed externally by the muscular fibres; and the consequence is, that it is made to bulge outwards, between the fibres in those places at which the latter are deficient. I have a preparation of a bladder with several of these cysts, and some of them containing small calculi, which probably had dropped into them after having made their way into the bladder from the kidney. This, it is true, is taken from a patient who had disease in the prostate gland; but it is evident that the same thing may happen in cases of stricture also, where the formation of cysts in the bladder happens to be combined with a disposition to the production of calculi in the kidneys.

In some cases of stricture, where the disease has existed for a great length of time, abscesses form externally to the bladder, but communicating with it, similar to those which I have already mentioned as connected with the urethra. A considerable length of time elapses before such abscesses present themselves externally. They point, at last, in the groin, or above the pubes; discharging putrid and offensive pus, and afterwards urine. The formation of these abscesses is attended with febrile symptoms: a hot skin, a frequent pulse, and a brown tongue; and the probability is, that the patient, after lingering for some time, will sink and die.

Stricture of the urethra may also lay the foundation of disease in the kidneys. In fact, whatever obstructs the passage of the urine from the bladder, will prevent the free flow of it into the latter from the ureters. The ureters then become dilated to a large size; and consequently the pelves of the kidney, and the infundibula also become

dilated. The pressure of the urine on these parts, and on the glandular structure of the kidney, occasions pain in the loins, which is sometimes trifling and only occasional, but at other times severe and constant.

I have said that rigors sometimes occur during the formation of abscess. In this there is nothing remarkable, as rigors mark the formation of abscess under a variety of other circumstances. But rigors also occur in many cases of stricture, independent of abscess. We observe them most frequently in patients from hot climates, especially from the East Indies. They usually recur at irregular periods: being, especially, induced by the introduction of a bougie, or by the application of caustic to the stricture. The paroxysm very nearly resembles that of an intermittent fever; and it is more severe where it follows the use of the bougie, than where it occurs independent of it. In general, the cold fit having been followed by a hot fit, and that by a profuse perspiration, the patient is relieved. At other times, however, the constitution is disturbed for a great length of time afterwards; and sometimes the rigor is followed by an attack of fever, which lasts for several days, or even for some weeks. I met with one case in which a rigor followed the application of caustic to a stricture, and this was succeeded by an attack of mania, which continued (if my recollection is accurate) for nearly a month. In another case, a gentleman had laboured under stricture for many years, during which no bougie had ever been made to enter the bladder. I succeeded in the introduction of a small gum catheter; but in a few hours afterwards the patient had a rigor. He then remained affected with fever, attended with a rheumatic inflammation of the muscles of the back of the neck. From the effects of the latter he had not recovered a long time afterwards; and I believe that his neck is stiff and drawn to one side even to the present day, many years subsequent to the original attack.

It has been said, that stricture of the urethra produces disease in the testicle. The introduction of a bougie will sometimes bring on acute inflammation of that part; and there is, perhaps, some reason to believe that chronic inflammation of the testicle occasionally depends on disease of the urethra. It appears to me, however, that the effects

of stricture on the testicle have been very much exaggerated by some writers. An hospital surgeon, who is now no more, published a work, in which he expressed himself as if he regarded almost all cases of chronic inflammation of the testicle, as being dependent on disease of the urethra, and to be cured by the use of the bougie. I need make no comment on such a fantastic hypothesis.

(To be continued.)

* * In Mr. Brodie's Observations on the Urethra, &c., we do not profess to give an entire lecture in each Number, but divide the matter rather as suits the subject.

CASE OF HYDROPHOBIA.

BY J. BLACK, M.D.

I BEG to send you the statement of a case of hydrophobia, with dissection, which has recently occurred in this place; presuming that notices of the *post-mortem* appearances of this terrible disease will always be interesting to the profession; and you are at liberty to make what use you please of the case in your newly-established Gazette.

John Metcalf, ætat. 21, a moulder in the iron-foundry, of stout frame, and previously of healthy constitution, was bitten in the right hand, about eleven weeks before his present seizure, by a dog, which was not considered mad at the time, but affected by a reputed *quinsy*; from which not having recovered in a fortnight, it was killed. On the 24th of November last, Metcalf began to complain of slight dyspnœa and a sore throat, and had febrile shiverings and impaired appetite, for which, on the day following, he was bled, and had a smart purgative of calomel and jalap ordered by Mr. Sharrock. On the morning of the 26th, after a very restless night, he first began to experience some fear and difficulty in swallowing water; and at 11 A. M., Mr. R. Robinson and myself were called to visit him, when we found him, immediately after being again bled to twenty ounces, exhibiting the following symptoms:—

Much jactitation, nervous tremors, a painful difficulty in swallowing liquids; the presenting of which, and especially the attempt to drink them, occasioned a tremulous abhorrence and apparently convulsive contractions of the pharynx and cardia; pulse 110, irre-

gular and fluttering; tongue clean, fauces redder than natural; the ranular aspect and vessels of the tongue red and enlarged, pupils dilated, dyspnœa and suspiration; is quite sensible; and coherent; says he entertained no fear of bad effects from the bite, nor took any advice or means of prevention. Feels a little relieved from the bleeding, and ate a slice of bread and butter in our presence. The cicatrix is irregular, hard, and situated on the dorsal side of the root of the thumb.

Cap. pil. ex Submur. Hyd. gr. vi. et Tart. Antim. g. i.—Lin. Ammon. fort. faucibus externis.—Emp. Lyttæ amp. epigastrio. Cicatrix excidenda. et si spasmi fortiores sint, subinde Opii gr. iv. sumenda.

3. P.M.—Every hydrophobic symptom aggravated; no vomiting or purging; a continual retching and hawking of his saliva, accompanied with violent convulsive efforts to eject it from his fauces. Any attempt to swallow liquids induced the most painful agitation, and a most pungent sensation in the seat of the cardia; took some tepid water through a quill, but always with a convulsive resolution. Says he thinks he would be well if he could drink a great quantity; and the spasm evidently arises from a strong desire to drink, with a terror of deglutition. Pulse more tremulous and small. The opium was rejected.

Sum. Submur. Hyd. gr. iij. singul. horis. Tinct. Opii ℥ c. et membra 3 tiis q. h. Ung. Hyd. fort. ʒij fricentur.

7 P.M.—All the above symptoms violently increased; the convulsions now fearfully affecting the upper extremities; neck and external fauces tumid, and drenched in sweat; pain complained of as more burning; is yet sensible, aware of his fatal situation, and desires his body may be inspected after death. Two drachms more of Tinct. Opii. were given him with much difficulty. Seemed to be a little quieted during the mercurial friction. He continued to suffer, till half-past eight, with very short remissions; most painful convulsions and spasms of the whole upper part of his frame; when, after experiencing a most violent paroxysm, he lay over on his back, breathed calmly, with most dilated pupils, spat two or three times towards the ceiling of the room, and, after twenty minutes, expired.

Dissection.

Head.—The brain was natural, and,

except a slight fulness of the sinuses and great veins of the *dura mater*, there was no unusual vascularity within the cranium.

Spine.—From the *foramen occipitis* to the fifth dorsal vertebra, the bony canal was lined with a tissue of deeply injected vessels, of a dark venous colour, and of a diffuse coagulated appearance. The outer surface of the *theca*, of a florid vascularity, which could not be wiped away by the sponge, and was evidently formed by capillary turgescence. This preternatural vascularity extended through the whole space examined, and embraced the transit of the nerves to the intervertebral foramina. The internal surface of the *theca*, *arachnoid*, and *medulla*, seemed natural, and there was no unusual quantity of fluid in the thecal tube. An appearance of dryness was remarked between the osseous canal and the *theca*; and the livid injection was very conspicuous along the posterior ligaments of the bodies of the vertebræ.

Heart.—This organ was natural; the right auricle and ventricle half full of coagulated blood; the left ventricle strongly contracted, and of much thickness in its walls. On laying open the anterior part of the neck and the chest, air was found extravasated through the cellular membrane, and even through the anterior mediastinum.

The *Pharynx* was of a sub-livid, inflamed appearance, without any breach of surface.

The *Œsophagus* smooth, pale, and natural, to within two inches and a half of the *cardia*, where it was of the same appearance as the pharynx. The *cardia* was pale and well-defined from the inflamed portion of the *œsophagus* and from the more vascular surface of the stomach. This last-named organ was distended with gas, and contained four ounces of a thin dark grumous mucus. The whole coats rather tumid, and the mucous surface was natural, with the exception of a portion, four inches in diameter, at the left end, which was of a livid purple hue, mottled, and covered with a dark tenacious mucus.

Lungs livid, but healthy; so were also the *liver*, *spleen*, *pancreas*, and outer surface of the intestines.

Though the dissection required three hours, yet we regretted that the importunities of friends to finish it, deprived us from paying more attention to the minuter anatomy.

Bolton, Dec. 10, 1827.

ON THE EFFECTS OF IODINE IN CHOREA.

BY WILLIAM GIBNEY, M.D.,

One of the Physicians to the Cheltenham Hospital.

SINCE reading the work of Dr. Manson on Iodine, I have been induced to try this remedy in several cases, which have resisted other means; and if my success, as corroborative of his opinions, be of any public benefit, I shall be glad to see the history of the two following well-marked instances recorded in the Medical Gazette.

Thomas Minett, æt. 9.—June 9th.—This boy has been for some weeks suffering from irregular and involuntary motions of his whole body; turning his head constantly from one side to the other, the muscles of his face being in perpetual and grotesque action, so as to give him an idiotic appearance. He has no control over his right arm, and the left is almost, although not quite so bad. There is constant dribbling from his mouth, and involuntary protrusion of the tongue. He has been, within this fortnight, gradually losing his speech, and now can hardly express himself, further than by answering yes and no, although he understands perfectly what is said to him. He staggers in walking, so as to require constant support, and he never can remain two minutes in the same position. He is very much disturbed even during sleep. His appetite is good, the bowels are regular, and his stools are natural: his pulse is slow, and his tongue clean. The boy's head is exceedingly long in proportion to its width, and has a very unsightly appearance.

Appl. Unguent. Ant. Tartar. nuchæ. Habeat Pulv. Jalap. c. Æiss. omni nocte, et Misturæ Terebinth. ʒiss. primo mane quotidie.

19th.—There has been no improvement; indeed his speech is worse, and he seems weaker, and, if possible, more helpless. Bowels regular.

Habeat Ferri Subcarbon. ʒss. ter quotidie. Rep. Mistura Terebinth.

26th.—Seems rather stronger, but the irregular motions still continue in a very aggravated form, and his articulation is worse. The eruption from the tartar emetic ointment very extensive.

Rep. Ferri Subcarbon. Omit. Terebinth.

July 14.—Has continued the powders regularly since the last report, and is decidedly worse: he cannot articulate

a word so as to be understood. His appearance is peculiarly idiotic, yet his appetite is good, and he has three or four natural stools daily.

Hab. Liq. Arsenic. \mathfrak{m} iv. t. d. ex aqua.
 — Pulv. Jalap. c. \mathfrak{z} ss. omni nocte.

August 14th.—Has persevered regularly during the last month with the arsenic, gradually increasing the dose every week. At first he improved, but he is at present certainly in no way better, except in point of strength, the dribbling, imperfect articulation, and grotesque motions of his body continuing as before. Eruption from the antimony nearly healed.

R Tinct. Iodinæ \mathfrak{z} i. Aquæ Fontis \mathfrak{z} vii. Syrup. \mathfrak{z} i. M. Sumat coch. magna duo ter quotidie.

28th.—He is much improved, recovering the use of his limbs, over which he now has some control, and his speech is more distinct; his countenance is also better; bowels regular.—Rep. Med.

Sept. 25th.—Has continued gradually improving in every respect; and has now quite recovered. Advised to take the Iodine a fortnight longer.

Nov. 6th.—I this day saw him tending sheep in the country; he was in perfect health.

Elizabeth Stewart, æt. 16.—Oct. 9th.—She is suffering from irregular and constant motion of the right and left arms, over which she has hardly any control; at times she turns suddenly round, and is subject to the most grotesque movements: her left arm is the worst. Her mother says that the left side of her mouth was last night depressed, and that for some hours she lost her speech, although she perfectly understood what was said to her. The pupils are much dilated, and her features at times much distorted. She has had symptoms of hysteria these twelve months, when the catamenia appeared; they have been regular since, until a fortnight ago. Bowels costive; tongue foul and chopped; pulse natural.

Appl. Ung. Ant. Tart. nuchæ. Habeat Pulv. Jalap. c. \mathfrak{z} ss. omni nocte, et Ferri Subcarbonat. \mathfrak{z} ss. ter quotidie.

23rd.—No improvement; the eruption from the ointment extensive; bowels regular.

R Tinct. Iodinæ, \mathfrak{z} iss. Infus. Calumbæ \mathfrak{z} viiss., Tinct. Gentian. c, \mathfrak{z} iiss. M. Sumat coch. magna duo ter quotidie.—Rep. Unguentum.

30th.—Is not better, but the involun-

tary actions have not increased: her bowels are costive; pulse regular.

Rep. Tinct. Iodinæ et habeat Pulv. Jal. c \mathfrak{z} i. pro re nata.

Nov. 13th.—Very much improved; has considerable command over her arms, and can in part assist herself. Bowels open; no appearance of the catamenia: Rep. Med.

27th.—Has during the last fortnight been gradually recovering, but as yet no appearance of the catamenia; bowels costive.

Pic. Aloet. c. gr. xv. omni nocte. Rep. Tinct. Iodinæ.

Dec. 4th.—Is now quite recovered from chorea, and can employ herself at her needle as formerly. There is, however, no return of the catamenia since she first applied to me.

Cheltenham, Dec. 4th, 1827.

MEDICAL ATTENDANCE ON THE COUNTRY POOR.

Sir,

THOSE who live much in the country, at a distance from towns and cities, especially parish priests, charitable ladies, and that hard working and useful class of medical men, who, in a worldly point of view, may be said to have the misfortune to have settled in these thinly-populated districts, well know the deplorable medical attendance which the poor receive in sickness. Those who live in cities, or large towns, are generally near some hospital, infirmary, or dispensary, where they find as good medical attendance for nothing as those above them in society can procure for money—less ceremoniously administered, it is true, but in all essential respects as good. But what is the condition of the poor man, whose self, or whose family, is overtaken by sickness in the country? He is at a distance from the surgeon of the neighbouring town—he is too poor to pay for advice from such a distance—he applies to the parish, and receives from the overseers an order for the attendance of the parish surgeon. What this attendance is may be learnt, partly from the way in which it is purchased, and partly from the experience of those who have witnessed it. Now, on these topics, the best sources of information are country clergymen and country surgeons, and to such persons I turn, with this remark, that I know enough from my own experience to bear out their statements.

In most instances the medical attendance on a parish is farmed, that is, it is given to the surgeon who will do it on the lowest terms, with little or no regard to his skill, attention, or place of residence, which throw a probable light on the way in which he will fulfil his task. The terms of the contract are incredibly low—so low as not to approach remuneration for his skill, time, trouble, and drugs, and consequently to afford a constant temptation to a neglect of his duty. The contract is commonly at the rate of from thirty to fifty shillings a hundred for the whole population of the parish, that is, at the rate of sixpence a head for the year. “Many country surgeons contract with three, four, or even five parishes. Parishes containing five or six hundred paupers have been taken for five or six pounds; twenty or thirty parishes have been farmed by one practitioner, and even a large parish actually farmed for one guinea per annum*.” Those who have seen how this plan works, assert, in the strongest terms, that the result, as might have been expected, is disgraceful to the parish surgeon, and injurious to the poor; and they relate, how sickness is often prolonged, and life lost from neglect. They agree, however, in stating, that notwithstanding this vile plan, the most respectable surgeons of a neighbourhood undertake the task far oftener than might have been expected; but the secret is this—if they did not, some other person would, and this might lead to the introduction of a new rival into the neighbourhood; besides, attendance on the poor leads to attendance on the middling and higher classes in the neighbourhood, and the surgeon seldom goes on a parish journey but he picks up more than he expected. Let us follow him on one of his distant visits, and we shall soon understand the motive which induces him to accept these degrading terms. He receives an order from the overseer to visit a parish patient. The time is winter—the weather bad—the roads almost impassable, and the patient several miles off—nevertheless our rural Esculapius mounts his nag, envelops his throat in a handkerchief, buttons his fear-nought close about his chin, and, wrapping its skirts about his knees, off he sets through sleet and snow, along road and lane,

over hill and common. Here he dismounts to open a gate—there his horse is knee-deep—crossing the common, he is nearly thrown in passing some snow-covered hole; but at length he arrives at the place of his destination, and, hanging the bridle on the rails, enters the brick-paved cottage of his pauper patient. I will not stop to inquire how he performs his task—I know enough of the industry, the professional zeal, and the benevolent disposition of this meritorious class of my brethren, to feel assured that it is often performed far better than might have been expected. But for such a journey and back again, sixpence a head for the whole parish, and the whole year, is hard work and poor pay: but a country surgeon is too important a person to pass incog. through the most solitary hamlet. The labouring man doffs his hat as he passes, the female cottager drops him a curtsy, and the little urchins stop their play to smile at “the Doctor.” It is soon known far and wide that this important personage is within reach: the farmer’s wife engages him to attend her in her confinement; the parson has a hoarse cough; the publican is plethoric; the wheelwright has cut his leg; and the neighbouring squire is laid up with the gout. He is consulted about them all, and returns home heavy laden with orders for pills, draughts, blisters, plasters, and fomentations.

Nevertheless he is constantly meeting with temptations to neglect his parish duties, and is constantly neglecting them. Whenever he has messages from rich patients in one, and pauper patients in an opposite direction, and this is continually occurring, it cannot happen otherwise than that the latter are neglected. And here I shall let “the Country Clergyman*” speak for me, one of the best parish priests in the land, and one who is minutely acquainted with the scenes he depicts. The following picture is not overcharged:—“It may be as well if we look to the situation of a poor labouring or manufacturing man, during the sickness of himself or his family, according to the present state of things. He is taken ill at his labour with the symptoms of incipient fever; his nerveless limbs refuse the excitement to work, which, nevertheless, he continues for several days. Overpowered at length, he applies to the overseer,

* See Report of a Committee for conducting an Inquiry into the State of the Sick Poor. Warwick, Sept. 1827.

* A Letter to the Bishop of London on a Plan for administering Medical Advice to the Sick Poor. 1826.

who gives him a note to the parish doctor; this he takes to the doctor's residence at the next town, five, six, seven, or possibly eight miles off. Here, if he is fortunate enough to meet with the doctor himself, he has some medicines given him, and is told to go home and go to bed, and come back the next day. By the time the man arrives at his cottage, however, he is in no condition to obey the latter order if it should have been given, but instinctively complies with the former, whether given or not. He lies in bed day after day till the doctor's assistant calls; the result of the visit is, that the patient is desired to send to the doctor's for more medicine; for this the wife must leave her husband's bedside, if she has no child old enough to go for her, or can get no neighbour to undertake the journey. If the man's constitution be strong enough to carry him through his illness, nature does her work, and in spite of every thing he recovers; but if his constitution be unable to struggle with the disease, he grows worse. Somebody tells the clergyman, who finds the poor man in danger, and speaks to the doctor or the overseer, and then more attention is paid—the doctor comes himself, but too late; and the man dies, or at best is brought with difficulty, through a long course of debility, to a tardy and imperfect recovery."

Such is the account given by a country clergyman who is minutely acquainted with what is going on in the cottages of the poor, and well knows their sufferings and wants in sickness. There may be in it an unreasonable though natural disposition to under-rate the skill of the surgeon's assistant; but this is certain, that the visits on the sick pauper are continually delayed, are paid as seldom as possible, and that, in numerous instances, especially in febrile and inflammatory diseases, he has not the fair chance of benefit which our art (feeble, it is true, in many cases, but in many, also, all-powerful) is able to afford.

To supply the poor with medical attendance more adequate to their wants; to relieve more speedily their sufferings; shorten their illnesses, and, in some instances, save their lives, two plans have been proposed which I shall proceed to describe.

In the year 1823, some opulent and benevolent persons held a meeting at Southam, a small country town of

Warwickshire, near Stratford-upon-Avon, when Mr. Smith, a surgeon of the town, proposed the establishment of a Dispensary for the sick poor of that neighbourhood. The funds for the support of this dispensary were to be drawn from three sources—parochial contributions; the subscriptions of opulent persons; and, lastly, voluntary subscriptions from the poor themselves. There would be two classes of patients, those who would have a claim on the dispensary from the subscriptions of their parish, and those whose claim would depend on their own subscriptions. The latter were to have the encouraging appellation of the "Independent Poor;" their annual subscription was to be 3*s.* 6*d.* for an adult, and 2*s.* for a child, and this would give them a right to medical attendance whenever they required it. The medical attendants on this dispensary were to be all the respectable surgeons of the neighbourhood, who were to take care of the sick poor of Southam and the surrounding country within six miles; and for this the income of the dispensary, after paying its expenses, was to be divided among the surgeons, according to the number of miles travelled and visits made. Attendance was to be given at the dispensary one hour every day, excepting Sunday, when those patients who were able to go, received advice: those who were too ill to go out, were to be visited at their own houses. As they were no longer dependent on one surgeon, they were not likely to be neglected, for it was not probable that all would be busy, or out of the way at the same time.

The Southam Dispensary has now been in operation four years, and the result appears to be highly satisfactory to the members. It has been wholly maintained by parish subscriptions for the pauper patients, and by the voluntary subscriptions of the independent poor, without any assistance hitherto from opulent persons. At a vestry meeting at Southam, in March of this year, it was resolved that, of two hundred persons among the poor subscribers to the Southam Dispensary, one half would have been on the parish, if it had not been for this institution, and they strongly recommend the formation of similar dispensaries all over the kingdom.

Although the Southam Dispensary is said to have succeeded, much of its

success is attributed to the personal exertions, and even pecuniary sacrifices of the founder, which cannot of course be calculated on in future. It is not probable that its success will be permanent and considerable, unless its funds are enriched by the subscriptions of the opulent. In an explanatory note by Mr. Smith, it is stated that the amount of the subscriptions for half a year was 61*l.* 9*s.* 3*d.*, from which, after paying the expenses of the charity, only 18*l.* 14*s.* 11*d.* remained to be divided among the medical men.

The other plan proposed for supplying the sick poor in the country with medical attendance more adequate to their wants, is to form an order of women similar to the Beguines of Flanders, and the Sœurs de la Charité of France; to instruct them in medicine, as far as it can be done as a practical art; and to station them in the country parishes of England. What I know about these singular and admirable orders of women, and how they might be adopted, and adapted to the station for which they are proposed, I will relate in a subsequent letter.

I am, Sir,

Your obedient humble servant,

A COUNTRY SURGEON.

MEDICAL GAZETTE.

Saturday, December 22, 1827.

“Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso.”—CICERO.

REGULATIONS OF THE APOTHECARIES.

THE Worshipful Company of Apothecaries, with a spirit of improvement, which some other Corporate Bodies would do well to imitate, have lately made some new and salutary regulations, regarding the education of candidates for their certificate. These relate chiefly to the succession in which the various branches of knowledge shall be pursued. Not less than one Course of Lectures on *Materia Medica*, with Medical Botany; one Course of Chemistry, two of Anatomy, and a like number on the Theory and Practice of Physic are required;—and these last are further enjoined to be attended subsequently to the *Materia Medica*, Chemistry, and one Course of Ana-

tomy. These regulations are extremely judicious; they oblige the student to begin where science and every thing else ought to commence, *viz.*, at the beginning; and they place a bar to the common and most absurd method of attending Lectures on all these subjects at once, by which the student too often injures his health by over-exertion, and, grasping at all, acquires very little. Actuated by the same principle, the Court of Examiners have decreed, that no certificate of attendance on medical practice shall be received, unless it shall have commenced subsequently to the first Course of Lectures on the Theory and Practice of Physic; and besides all this, they recommend (what their powers did not enable them to enjoin) an attendance on Courses of Lectures on Midwifery, and the Diseases of Women and Children.

Whoever dispassionately considers the condition of general practitioners prior to 1815, when the apothecaries first obtained an act, giving them control over the education of their future members, and compares that condition with their present attainments, respectability, and rank in the profession—must, we think, acknowledge, that the worshipful Company have not abused the trust reposed in them. It may be argued, perhaps, that the improvement among the apothecaries generally depends upon themselves—upon their own increased zeal and better education. Doubtless, to a certain extent, this is true—but whence arose this better education, and whence this increased zeal? We apprehend that it is, in a great measure, owing to this—that a higher standard of acquirement became indispensably necessary. Men of inferior education were no longer eligible; and those who intended their sons for this department of the profession, saw that, to be admitted at all, they must have opportunities of acquiring a complete knowledge of the art they were to practise, and of the collateral branches of science. In all learning the first steps are laborious, but no sooner have those difficulties been overcome, than the pleasures it affords begin to be tasted, and it is then cultivated for its own sake. An opening having once been made by the improved education which has thus been, as it were, forced upon them, the stream of knowledge has flowed in upon the minds of the rising generation of gene-

ral practitioners, and swept from our view, we trust for ever, those mortifying instances of ignorance, which placed a bar to the respectability of those who were classed under the same appellation, and formed a blot on the reputation of the whole profession. The benefit to the public from this improvement has been very great, while the advantage to the general practitioner has been incalculable; and we repeat, that he owes much of it to the regulations of the Court of Examiners of the Apothecaries' Company, by which the pupil has been compelled to do that which few do without compulsion—toil for a distant reward.

There is, however, one part of the present system of which we disapprove,—it is that which relates to an apprenticeship. It is true that five years under the guidance of a liberal and intelligent master may be spent with advantage; and that it is sometimes spent in a manner which leaves nothing to desire, we can easily believe; but an apprenticeship, as it is too often conducted, is vexatious, useless, and prejudicial. It is avowedly for the youth's education; but what advantage can he derive from it which might not be as well acquired without it? Besides, this is only the *avowed* object, while in reality the time which ought to be devoted to the acquisition of that general knowledge which forms the groundwork of every liberal profession, is usually spent in washing phials, or filling them with saline draughts, if indeed other and more menial service be not required of him. We have known—we blush with indignation in writing it—we have known an apothecary's apprentice employed in sweeping the room, lighting the fire, and cleaning his master's boots! This is, probably, an extreme case; but still every one must be aware that the apothecary's apprentice is not always in the situation of a gentleman, a circumstance which never ought to be tolerated in a profession like ours. Against the system of apprenticeship, therefore, we protest, as nominally for the benefit of the pupil, but in reality for that of his master. The only advantage which it professes to bestow is an acquaintance with pharmacy; and how imperfectly does it accomplish this! We assert, without the fear of contradiction, that an intelligent youth can learn as much of the art of compounding medicines in the course of

six months, as in six years spent in any apothecary's shop in England. No!—it is not that the pupil may learn to make up prescriptions, but that he may make them up when he has learnt to do so, that the apprenticeship is so much lauded; and for the privilege of thus serving his master, for the exclusive benefit of the latter, he has to pay a considerable, often a heavy fee! If parents placed their sons with a general practitioner, for the guidance of their education and gradual initiation into the mysteries of the healing art, there could be no objection to the arrangement, but then it ought to be as pupils only, not as apprentices. So long as apothecaries continue to receive apprentices on the present plan, so long their branch of medical practice will be a trade only—not a profession.

But, in speaking of this evil, let us lay the blame where blame is due. The Society of Apothecaries have been decried with all the indiscriminating abuse which characterizes some of the medical writings of the present day, where falsehood, disguised in bold assertions, assumes the confidence of truth, and slander is circulated under the mask of liberal and independent sentiments. But the society in question, whatever their sins may be, have nothing to do with this; so much otherwise, that in the bill originally brought into parliament, there was no clause whatever introduced about apprenticeships; and it was only added in the House of Lords. This was done by the Bishop of Peterborough; and we know that, so far from favouring its adoption, the Society of Apothecaries remonstrated against it. They are, therefore, entirely free from the charge brought against them; as it cannot reasonably be expected of the Worshipful Company of Apothecaries, or of any other company whatever, to prevent reverend prelates from sometimes meddling with matters that they do not understand. In former times, the notoriety of the circumstance abovementioned would have saved the Court of Examiners from being blamed for that which they had endeavoured to prevent; but the last few years have entirely changed these antiquated forms of morality and justice in the medical press; and if they have been weak enough to suppose that freedom from guilt would secure freedom from accusation, they must, by this time, we should think, be thoroughly undeceived.

To correct all the misrepresentations, and more direct falsehoods, with which the medical profession has been weekly supplied, would require that we should devote our entire Journal to the purpose. But as we are on this subject, we shall advert to one other point connected with the regulations of the Apothecaries. It is not true that they have shown any favouritism with regard to medical teachers, by limiting their admission of certificates to those of the metropolitan lecturers: we know, on the contrary, that there are numerous instances of pupils passing their examinations and obtaining a license who have not received any part of their medical education in London. Lecturers whom the Court of Examiners acknowledge exist in Bristol, Liverpool, Manchester, and Birmingham. Neither do they refuse to examine those educated at foreign schools. All this has been said, and in an "invaluable" Journal too—yet all this is false. In conclusion, we have again to state that, in our opinion, the Court of Examiners have displayed a most praiseworthy zeal in their endeavour to discharge the important trust reposed in them; and we hope that they will pursue steadily the course which they have begun, regardless of the misrepresentations of the ignorant, and the vindictive calumnies of their wilful traducers.

GUTHRIE *versus* WAKLEY.

THE medical profession will learn with astonishment that Mr. Guthrie withdrew the record, on his cause coming on in the court of Common Pleas, last Tuesday. With a case apparently so clear, and in which the defendant made no attempt to justify, but had pleaded the general issue, it is obvious that some reasons unknown to the public, must have led to this unexpected, and, as it appears to us, most extraordinary measure.

We have heard, from good authority, that it arose from the defendant having subpoenaed Dr. Forbes, who being Mr. Guthrie's colleague at the Eye Infirmary, and entertaining a different opinion from him on certain points of practice, it was apprehended might give apparent corroboration to the statements made in the *Lancet*, or, at least, have afforded materials for Mr. Brougham on which to exercise his matchless powers of sarcasm. If this

explanation be correct, we can only regret that Mr. Guthrie had not more firmness. He might have remembered, that, in such cases, the representations of counsel are always received with limitation, and looked upon as the purchased service of the hireling, who sells a given quantity of satire for its equivalent in gold, and, smothering his real opinion and feelings, prostitutes his talents to the first who fees him, however despicable and degraded, just as the harlot does her person to the first who beckons her, with money in his hand, however loathsome or however vile.

We say we cannot imagine that a man of Mr. Guthrie's acknowledged talents and experience should have had anything to fear from such an ordeal; and for his sake—for the sake of justice—and for the sake of the profession, we lament that he has given apparent countenance to accusations which we believe to be wholly and unequivocally false.

ANALYSES AND NOTICES OF BOOKS.

"L'Auteur se tue à allonger ce que le lecteur se tue à abréger.—D'ALEMBERT.

Medico-Chirurgical Transactions, Vol. XIII. Part 2.

(Concluded.)

MR. WALLACE, of Dublin, has met with numerous cases of fungous eruption curable by mercury, but not of venereal origin. The following instance, which occurred to a poor man of pallid countenance and exposed to filth, will serve as an illustration of this disease:

"A number of tumours, some about the diameter and elevation of a filbert, others as large as a small walnut. On an accurate examination, they were observed to be crusted, or covered with a yellow-brown scab, and to be surrounded, to the extent of about two lines, by an areola of livid-coloured skin, which was rough, in consequence of desquamation of its cuticle. On removing the scab or crust, it was found to form a covering or cap to a fungus or excrescence, of a pale or dirty pink colour, having but little sensibility when handled, and exactly resembling in figure a small mulberry or raspberry. There were also, on many parts of the surface of the skin, marks or stains of a round-

ed form and livid colour, of the same diameter in general as the fungi, scarcely elevated above the surrounding skin, wrinkled, and in some situations with the cuticle covering their surface in a state of furfuration."

He took ten grains of blue pill for a few nights; when his mouth became tender, and all the fungi quickly shrunk. At the end of six weeks they had entirely disappeared. Mr. Wallace proposes the name of *Morula* for this eruption, which he regards as unconnected with syphilis;—as infectious and occurring principally in persons who traffic "in old clothes, rags, and such like merchandise." So decided, according to our author, is the influence of the remedy he recommends, that the disease is arrested "as soon as the slightest mercurial action in the system is manifested." He has also found ointments containing mercury the most efficacious local applications. The appearance of the disease is illustrated by a very good lithographic plate.

Mr. Langstaff, in a paper upon fractures within the capsular ligament of the hip-joint, states that he has long been satisfied of the possibility of union by bone, and this inference he has drawn from observing the near approaches made by nature to effect this, as exhibited in specimens which he possesses. Ten preparations are then described in succession, and some of them represented in beautiful engravings. In one only does bony union appear to have taken place:—it is thus described:—

"This is a specimen of fracture of the neck of the thigh-bone within the capsular ligament; the principal part of the neck is absorbed; the head and remaining portion of the neck were united principally by bone, and partly by a cartilaginous substance. The capsular ligament was immensely thickened, and embraced the joint very closely, the cartilaginous covering of the head of the bone and acetabulum had suffered partial absorption; the internal surface of the capsular ligament was coated with lymph.

"On making a section of the bone, it was evident that there had been a fracture of the neck, within the capsular ligament, and that union had taken place by osseous and cartilaginous media. With a view of ascertaining whether there was real osseous union, the bone was boiled many hours, which

discoloured it; but by destroying all the animal matter, it satisfactorily proved the extent and firmness of the osseous connexion, and the vacant spaces which had been occupied with cartilaginous matter.

Mr. Langstaff regards this as an example of a fracture within the capsule united by bone.

Mr. Stanley thinks that some fractures of the trochanter major, combined with fracture of the neck of the bone, may be mistaken for dislocation of the head of the femur. When the fractured portions can be brought into contact, so as to produce a crepitus, the nature of the injury will, of course, be readily ascertained; but when one portion of the trochanter is drawn towards the ischiatic notch, no crepitus will be perceptible, and the phenomena will resemble those of dislocation. If there be also inversion of the limb, the liability to error will be still further increased.

A woman fell and injured her hip; the limb was slightly everted; shortened to the extent of three-quarters of an inch; and moveable in every direction. The extremity of the shaft of the femur was in its natural situation, but behind the femur, and at a little distance from it, a bony prominence was discovered resting upon the ilium, towards the great ischiatic notch, strongly resembling the head of the femur. Some looked upon the accident as dislocation, others as fracture. After a time, she recovered so far as to be able to walk with a crutch; she died three years afterwards; when it was ascertained that there had been a fracture extending obliquely through the trochanter major and basis of the neck into the shaft of the femur; and that what had been mistaken for the head of the bone, was the posterior portion of the trochanter drawn backwards towards the ischiatic notch. Other cases, of a similar nature, are alluded to, and two instances are mentioned in which there was inversion of the limb with fracture of the neck of the femur. In conclusion, Mr. Stanley mentions that he has seen several cases, in which there has been fracture of the neck of the femur, with a considerable portion of the synovial and fibrous covering entire: in one instance these textures were uninjured.

Dr. Brulatour, of Bourdeaux, has detailed the case of Dr. James, an English

physician, who fractured the neck of the femur. He died nine months after; and, on examination, there were found "the neck of the femur shortened: from the bottom of the head to the top of the great trochanter was only four lines, and from the same point to the top of the small trochanter six lines. An unequal line surrounded the neck, denoting the direction of the fracture. At the bottom of the head of the femur, and at the external and posterior part, considerable bony deposit had taken place. A section of the bone was made in a line drawn from the centre of the head of the femur to the bottom of the great trochanter, so as perfectly to expose the callus. The line of bone indicated by the callus was smooth and polished as ivory. The line of callus denoted also that the bottom of the head of the femur had been broken at its superior and posterior part."

Mr. Earle, whose attention has long been directed to the subject, has contributed to the present volume an elaborate and interesting paper on paraplegia. By this term, he understands "that species of palsy in which both sides of the body are affected, in contra-distinction to hemiplegia, where only one side is deprived of sensation or motion, or both."

The most interesting question with regard to paraplegia, is, whether it does or does not occasionally arise from morbid changes within the encephalon, without any disease of the vertebral column. Mr. Earle thinks that it does, and that the symptoms of this form of the disease are such as may frequently enable us to detect it during life. He states, that "the gait of persons suffering from cerebral affection is peculiar, and very different from that attendant on affections of the spine. It very nearly resembles the vacillating steps of a drunkard. — Such paralytic persons are incapable of walking in a direct line; the limbs are loose, and thrown forward with an exertion of the whole body; there is a great consciousness of feebleness in walking, and the greatest difficulty in turning round. The appearance of the eyes often much resembles those of a drunkard, particularly when the patient is at all excited or anxious. The above analogy to the staggering steps of intoxication is readily understood, if we consider that it is the temporary dis-

turbance of the brain, from the congestion of its blood-vessels, that deprives the drunkard of the power of directing his steps, and for the time induces a state bearing the closest resemblance to paraplegia.

"Sensation is more impaired than in spinal affections, when it will often remain perfect after a total loss of the locomotive powers. This impaired sensation is often peculiar, imparting an idea of some foreign body, as a leather glove or stocking being interposed. The patient appears to feel, if I may use the expression, through a false medium; the limbs are more wasted and flabby, without any spasmodic rigidity of the muscles, which so often occurs in affections of the spine. Although often accompanied with a torpid state of the bowels, aggravated no doubt by the impaired muscular power of the abdominal parietes, there has not, in any instance that I have witnessed, been any train of gastric symptoms similar to those which so constantly attend affections of the spine, especially of the dorsal region. In some instances there is the additional confirmation of an impaired state of some of the external senses, accompanied with vertigo, a sense of weight on the head, and a general disturbance of the cerebral functions. As disease advances, the power of the brain in transmitting its influence to the extremities becomes more and more circumscribed."

When the disease has proceeded to the extent above described, the mental faculties become more or less impaired, and then, our author thinks, no reasonable doubt can exist with regard to the disease being in the brain. In slighter cases, however, and where the diagnosis is, therefore, more difficult, Mr. Earle gives the following directions, as calculated to afford material assistance:

"It is well known that when a nerve is stimulated or injured in any part of its course, the painful sensation is referred by the percipient mind to the sentient extremity of such nerve: the familiar instance of the pain referred to the extremity of an amputated limb, may be adduced in proof of this. The exact reverse of this takes place when there is a partial paralysis arising from morbid affection of the cerebral organs. Here the centre of the sensorial functions being impaired, it appears to be incapable of transmitting its influence to the extreme parts of

the body, and thus the feet and hands gradually lose their sensation or power of motion, or both: and in such cases, if the nerves supplying the limbs be irritated, *they will convey the impression of such injury only part of the distance down the limb, about as far as the commencement of the paralytic affection.* I have repeatedly examined cases of paraplegia from affection of the spine, and in no one instance have met with the same phenomenon, which I have, therefore, been induced to consider as diagnostic of the paralytic affection being dependent on disease of the brain or its membranes; which opinion has in several instances been confirmed by examinations after death, in which both brain and spinal marrow have been carefully investigated."

Mr. Earle, after a few observations on curvature of the spine, proceeds to relate some cases; and these consist—1st, of paraplegia, dependent on cerebral affection alone;—2dly, of paralysis, from disease of the spine;—and, 3dly, of cases in which there was disease both in the brain and vertebral column.

A gentleman suffered from symptoms about the head and paraplegia. On examination after death, the vessels of the dura and pia mater were found very turgid, the convolutions flattened, and five ounces of serum in the ventricles; a thick layer of lymph on the pons varolii and optic nerves; the whole pia mater studded with small tubercles, particularly at the base of the brain. The cervical portion of the spinal cord exhibited no appearance of disease, except a slight increase of fluid in the theca, which Mr. Earle conjectures might have flowed down during the dissection. This, however, might, or might not have been the case; and as the lower part of the spinal marrow was not examined, we cannot admit this instance as proving our author's position. It shows that there was disease in the brain, but not that there was no disease in the spinal cord.

A young woman had the menses suddenly suppressed, in consequence of which the sensibility of the hands became impaired, while they retained their muscular power. At the end of between two and three years she died apoplectic. Much gelatinous deposit was found towards the basis of the cranium; three scrofulous tubercles in the cerebrum, and one in the cerebellum, which last

had suppurated. The cancellous stricture of the bodies of the vertebræ was filled with a cheesy deposit, and they were so soft that they could be cut with the knife:—no perceptible change in the spinal cord or its membranes.

The next case is very interesting, and shows the propriety of steady perseverance in proper means, even under the most discouraging circumstances.

Major L., an active man, aged 38, was thrown from his horse, in November, 1824; he fell flat on his back on a hard road, was somewhat stunned, but soon got up, "shook himself," and rode on. No precautions of any kind were taken, and in six weeks after, (having been exposed to cold,) he felt some difficulty of swallowing, and could not close his teeth with sufficient force to chew tender meat. These symptoms came on, January 18, 1825, and gradually increased, being attended with a thickness in his articulation; and, on the 23d, with numbness of the feet, and weakness of the legs. The whole of the lower half of the body soon became paralysed, and his arms began to be affected, so that he was unable to grasp any thing. On the 3d of February, Mr. Earle first saw him, when he was in the following state:—

"His lower extremities were completely palsied, he not having the slightest power of varying their position. The muscles were flabby, and much diminished in bulk; his bladder and rectum were paralysed; the muscles of the loins and abdomen were nearly powerless, so that he had no power of supporting himself in a chair; his hands were so feeble, that he could not hold or direct a pen, and when he attempted to shake mine, I could scarcely distinguish his utmost degree of pressure. On cross-questioning him respecting his head, he said he never had pain in it, but acknowledged that he occasionally felt giddiness, and his sight was so far impaired, that he could not see to read above two or three lines without the whole becoming confused."

Mr. Earle conceived the seat of disease to be in the head, and acted accordingly. Ten ounces of blood were taken from behind the ears by cupping, and this form of depletion was repeated several times at intervals,—with mild aperients and antiphlogistic diet. A seton was inserted in the back of the neck, and a discharge kept up by sti-

mulating dressings. The other remedies tried were long blisters in the course of the spine, and afterwards strong camphorated mercurial ointments rubbed in on the same part.—Galvanism was afterwards had recourse to, but without benefit.—His progress was very slow, but uniform; and, at the time the paper was written (May, 1827), he was able to walk with the assistance of crutches, and to stand upright without support, so that Mr. Earle entertains sanguine hopes of his complete recovery.

This case is followed by one of paraplegia, from concussion of the brain, which partially recovered under similar treatment to that mentioned in the preceding; and this division of the subject is concluded by a case of impaired muscular power of the lower extremities, apparently dependent on affection of the brain. Here, too, the patient was relieved by small bleedings and purging.

There are thus five cases detailed with a view of proving that paraplegia may arise from disease of the brain, without any disease of the spinal cord. In the first, as we have seen, the spine was not examined; in the second, the vertebræ were so much diseased, as to admit of being cut with a knife; in the third, the patient had fallen on his back; while in none of the three last was any opportunity afforded of examining the spine after death; we think, therefore, that Mr. Earle has rendered it probable that his position is correct,—but that the evidence goes no farther: the presence of disease in the head does not prove the absence of disease in the spinal marrow.

A considerable number of cases follow, some of paraplegia where disease of the spine was found; others, where there was disease both of the brain and cord.

The next paper is by Mr. Welbank, and relates to the necessity and method of further investigating the distinctions between syphilis and other varieties of venereal disease. The former of these requires no argument to enforce its truth,—the latter is of a less obvious nature. A contrast is drawn between syphilis and phagedena, which we believe are now generally admitted to be very different, and an attempt is afterwards made to free the numerous varieties of venereal disease from

some of their present confusion. This, he thinks, may be done to a certain extent, by attending to the fact, that the same poison will give rise to different phenomena in parts differently organized—"The virus of gonorrhœa affecting the urethra produces gonorrhœa; if it invades the cellular tissue of the frænum, or an abraded surface, it may produce the venerolic ulcer." The occasional coexistence of distinct primary diseases is also looked upon as a possible source of much complexity in the secondary phenomena; but the author is of opinion, that the position of Mr. Carmichael, that there are distinct poisons productive of peculiar and distinct effects, is, in the main, correct. A considerable number of cases is given, which are intended to illustrate syphilis, phagedenic venereal disease, and the venerola vulgaris of Mr. Evans.

A communication from Mr. Orton, describing a case in which he amputated the thigh at the hip-joint, completes the volume. A young man, about twenty-five years of age, was affected with extensive disease of the knee and abscesses in the thigh, followed by caries of the bones. At the end of a year and a half, all hope of recovery being at an end, it was resolved to perform the above operation, which was done, on the 10th of June, 1824.

Almost daily reports are given up to the 6th of August, when he was able to "get about the house a little on crutches." He ultimately recovered so far as to be able to work "on the stocking frame," and was well in January, 1826.

HOSPITAL REPORTS.

ST. GEORGE'S HOSPITAL.

Fatal Case of Phlebitis.

DAVID LAWRENCE, æt. 56, a butler, of full habit and not very healthy aspect, was admitted Oct. 23d, 1827, under Mr. Brodie.

The veins of the right leg and foot were extremely varicose, and had been so for nearly twenty years; while just above the internal malleolus, there was a small ulcer, which had existed for the last twelve months. This he wished to have healed, as it prevented him fol-

lowing his avocations, though otherwise his health was good.

Catap. Lini. ulcer. appl. Haust. Sennæ.

Nov. 1.—Under the use of soap-strap-ping, &c. the ulcer has greatly improved; but one of the largest veins, passing from over the head of the fibula, around the thigh to the groin, has become partially filled with coagulum, which, on pressure, can be felt breaking down beneath the fingers. The coats of the vein appear to be thickened, and slight effusion has taken place into the surrounding cellular membrane, but there is little pain or constitutional disturbance. He states that, some years ago, the same thing happened with a cluster of veins on the inside of the knee, and that a good deal of inflammation and swelling of the limb ensued. No traces of the vessels can now be discovered.

16th.—Had been going on very quietly till 6 A. M. yesterday, when he had a sharp rigor. During the day he felt uncomfortable, and got no rest last night from pain in the course of the obstructed vein. He thought he had caught cold, but made no complaint until this morning. At present, 9 A. M., the thigh is swoln, the vein painful, especially on pressure, the skin above it of a dullish red. Countenance feverish, tongue furred,—pulse 108, strong and full.—

Lot. Spt. tepida fem. appl. Cal. gr. iv., Ext.

Col. Comp. gr. x. statim. At 2 P. M. H. Sennæ ʒiiss. H. Sal. ʒiiss. Vin. Ant. Tart. ℥xx. 6tis. horis.

Vespere.—Medicine has acted freely, but he is no better. The limb is more swollen—the tenderness of the vein increased, but this tenderness ceases at the groin, where the vein dips down to join the femoral. Answers questions sharply, and is exceedingly restless—pulse very quick, but not full.—*Pergat*.

Next morning mortification commenced; at least the leg and foot grew cold, numbed, and livid; whilst the whole limb was below its natural temperature. As the day advanced, the leg and thigh became mottled over with purplish spots, but no vesication appeared; muttering and picking at the bed-clothes came on, and at 2 P. M. he died.

Sectio Cadaveris. The cellular membrane of the thigh was loaded with serum. The coats of the inflamed vein were a good deal thickened, its cavity filled with loose broken-down coagulum, and its inner membrane of a dark-red colour. This staining of the internal coat was traced along the great nervous

trunks to the heart, which was soft and flabby in its texture, and distended with dark fluid blood, having only one or two very trifling portions of coagulum mixed with it. The aorta, and indeed the arterial system generally, was highly coloured, not in patches, but with one uniform and vivid red, not extending, however, beyond the inner coat. The blood throughout the body was uncoagulated, and the veins upon the surface could be traced by their purple colour, almost as distinctly as if they had been dissected. Nothing particular in any of the great cavities.

It is very difficult to say what was the cause of the phlebitic inflammation in this case; but it is evident, that, being once aroused, it was exceedingly liable, in such a habit of body, to take on the unhealthy, erysipelatous character. That the patient had but little stamina is evident, from the rapidity with which the disease ran its course, and from its terminating, not as commonly happens, in suppuration, but in that peculiar condition so nearly allied to what authors have denominated “dry gangrene.” Sir Astley Cooper, in his published Lectures, mentions that he has seen inflammation of the saphena terminate in an affection like phlegmasia dolens, and this he cites as a kind of confirmation of Dr. Davis’s theory of that disease. The limb in this patient was swollen considerably, but, certainly, it presented none of the features, as far as we could judge, of phlegmasia dolens. With respect to the staining of the inner coat of both arteries and veins, and especially the former, there seems every reason to believe that it depended on the non-coagulation of the blood after death. This idea is confirmed by the well-known experiments of Dr. Davy, as well as by the more recent ones of certain French physiologists, conducted on a very large scale at the Veterinary School of Alfort.

Carcinoma of the Stomach.

Alexander Forbes, aged forty-eight, machine-maker, living in Chelsea, admitted under Dr. Chambers, on the 28th of November, complains of tormina, tenesmus, and the frequent discharge of small liquid motions mixed with blood, and says he has no proper fæculent evacuations. His abdomen, which is not tense, is very tender, particularly in the region of the ascending and transverse colon. *No sickness or nausea.*

Pulse 100, small; skin warm; tongue white, moist; urine not passed freely, but natural in appearance; no appetite; he is much emaciated.

He says he has been ill only three weeks with the present symptoms, which are daily increasing in violence, but he has taken no medicines. He attributes his complaints to cold.

Hydrarg. Submuriat. gr. iij. Opii puri gr. ss. ter die. (Milk diet.)

Nov. 30.—Has had several large feculent evacuations, mixed with a quantity of half-digested food, coagulated mucus, and green bile. He is still troubled with griping and straining, particularly at night.

Pulse 90, soft; skin cool; tongue furred at the root, moist; countenance improved; no vomiting; occasional cough; with muco-purulent sputa.

Repetantur Pilulæ. Sumat horâ Somni Tincturæ Opii xxv. ex Haustû Pimentæ.

Under this treatment, to which were afterwards added an opiate injection every night, and mustard poultices to the abdomen, he became daily more comfortable as to his bowels, but his debility and emaciation evidently increased rapidly; the tenderness of the abdomen was distressing to the last; but no tumour or hardness was felt in any part of the belly. It may be remarked, however, that he would not allow sufficient pressure to be made on the abdomen for a satisfactory examination with reference to this point. His mouth was not made sore by the mercury. Latterly, he could take no nourishment, except small quantities of arrow-root and jelly, with wine or brandy; and he died on the 11th of December.

Sectio Cadaveris.

December 12th.—Appearances in the Abdomen.—The great omentum rather more charged with blood than natural.

The stomach had an opaque white appearance externally, which was not natural. Within it a large ulcer, of the true *carcinomatous* character, occupied more than half the internal superficies of the organ. It extended from the cardia close to the opening of the œsophagus, along the lesser arch of the stomach to the pylorus, two-thirds of the annular edge of which aperture were involved in the ulceration, the anterior third part only of the ring being healthy. The anterior and upper portion of the stomach was free from disease inter-

nally, except that the villous coat was somewhat thicker than natural.

The pyloric extremity of the pancreas was enlarged and indurated, and the induration had the character of scirrhus.

There was no disease of the absorbent glands in the neighbourhood of the stomach and pancreas.

The mucous lining of the ascending and transverse colon exhibited traces of small superficial ulcers which had been evidently healed some time; the mucous membrane of the bowels throughout was paler and thicker than natural.

The liver was large and firm, but of a healthy colour, and not diseased in structure.

In the Thorax.—The lungs were much charged with black matter, and the air-cells filled with thick frothy mucus. But there was no structural disease in the chest.

Observations.—The above case, which is very like those which formed the subject of discussion at a recent meeting of the Medical and Chirurgical Society, exhibits another instance of the imperfection of our present system of symptomatic nosology. In this case there was no symptom wanting of disease in the bowels, and scarcely any symptom present of disease of the stomach, not even nausea, and yet the former were found nearly healthy, whilst the latter was extensively disorganized by malignant ulceration.

From the patient's own account of his complaint, it would follow, that it was only of five weeks' standing.

It is obvious, however, from the appearances after death, that it must have commenced at a much earlier period. He became aware of the complaint, as it would appear, only when it interfered materially with the digestion of his food, which was then passed on from the stomach into the bowels in such a state as to produce the dysenteric symptoms which induced him to apply for relief.

MIDDLESEX HOSPITAL.

THE following circumstance occurred in Middlesex Hospital some time ago:—

A young woman came into the house complaining of pain in her belly, especially when she stooped; and when the surgeon put his hand upon the part she started and screamed. A little below the umbilicus there was a hard point, and which gave to the touch the idea of

a foreign body being lodged there. The surgeon made an incision,—the edge of the knife grated upon something hard, and by squeezing the part, there started out the point of a pin. It was drawn out by the forceps about an inch,—then two inches,—three inches, and at last five inches, when the surgeons exchanged significant looks. It was now retained firmly, and it became a question whether it should be forcibly pulled away. Instead of doing this, the wire was bent over, and a piece of dressing put upon the wound. Next day the whole was brought away; when it proved to be a brass hat-pin, of six inches in length, with a round head. The young woman could give no account of how it came there; but, upon her expressing her belief that she might have swallowed it, a different suspicion arose, *viz.* that it had been used to procure abortion.

We remember an instance, in some respects similar, in the other sex. A gentleman, sleeping in a *tavern*, was awoken by a painful pricking in the urethra, and perceived a sharp point projecting from the penis. In his sudden alarm he moved, and it disappeared. He sent for a surgeon, who, feeling a hard body in the perineum, and fearing that it might still work backwards into the bladder, cut down upon it, and drew out a brass pin five inches in length. Whether curiosity, love, or jealousy, had prompted the introducing this pin into the gentleman's urethra, could never be discovered; he being very shy in giving any explanation of the matter, and his fair companion having disappeared.

ST. THOMAS'S HOSPITAL.

Operation for Hernia.

DENNIS NOLAN, a stout, healthy man, about twenty-five years of age, was admitted into St. Thomas's Hospital, on the afternoon of December 7th, on account of a scrotal hernia, which had become strangulated on the 5th, consequent to violent exertion. He had never worn a truss, and the hernia, which had existed from his infancy, had been always easily reducible. He had had no motion since Wednesday morning, and had vomited several times. A medical practitioner, to whom he had applied, had made no attempt at reduction, but had given him a great number of purgative pills, part of which he had thrown up, retaining the rest with a dose of

castor oil. There was great tenderness of the tumour; but this did not extend beyond it. A vein was opened while he was in the warm bath, but only four ounces of blood could be obtained; and the taxis having been tried without effect, Mr. Green performed the operation at eight the same evening. The hernia was found to be congenital, and a considerable quantity of fluid was contained in the sac. The intestine was of a chocolate colour, and could not be reduced after the ring had been enlarged by an incision directly upwards, until a band of peritoneum, which served to confine it, had been divided. Two injections were given immediately after the operation, but returned without bringing away any *fæces*. He was ordered ʒij. of Magn. Sulph. in mint julep at ten o'clock, and every two hours afterwards. He passed a sleepless night, and had no stool the following day, when vomiting having occurred, the abdomen being swelled and somewhat tender, and the pulse quick and sharp, twenty leeches were applied in the evening, and repeated in the morning. His bowels were then freely opened, but the tenderness, which seemed to be situated chiefly over the colon, continuing together with tympanitic swelling, the leeches were again repeated in the evening, and five drops of Træ. Opii were added to each dose of the julep. The pulse having risen after the application of the leeches, he was bled to ʒxvj. The blood was buffed. His bowels had been violently relaxed during the night. He gradually sunk until the afternoon of the 10th, when he died. We regret to state that the removal of the body prevented a post mortem examination.

GUY'S HOSPITAL.

Amputation.

On the day of Mr. Cooper's operation for axillary aneurism, reported in our last Number, (the subject of which operation is convalescent,) Mr. Morgan amputated two lower limbs above the knee, making two equal lateral flaps. For this purpose a broad-bladed knife was employed, cutting half its length on the back. The integuments were grasped in the operator's left hand, so as to draw them as much as possible to the outer side of the bone, on which side the first flap was formed. When the inner flap was formed by the same proceed-

ing, on the opposite side, two incisions, one above and the other below, cleared the bone for the saw. The amputations were done with great neatness and celerity. One of the patients was a boy, in whom the limb was separated in fifty seconds. The stumps are well shaped, and the bone well covered. The operation is not applicable to very muscular subjects.

BARTHOLOMEW'S HOSPITAL.

Extirpation of the Eye.

JOHN BRANTIN, ætat. 31, after having been exposed to severe cold in January last, began to feel pain in his left eye, accompanied by dimness of vision, speedily followed by swelling of the parts surrounding the eyeball, which was much protruded. He was several times cupped and leeches, and had his head shaved and blistered, but with very trifling relief.

In April he came into the hospital under Mr. Vincent's care; at that time the eye was pushed forwards and upwards, the superior lid much inflamed, the lower one was everted by the distension of the conjunctiva, with serous effusion. There was no apparent change in the eye itself, the cornea looked tolerably clear, and the iris moved freely, but the power of vision was very imperfect.

As far as an opinion could be formed on the case, it would seem that the cold to which the patient had been exposed had given rise to deep-seated inflammation, followed by suppuration, and with this idea a lancet was pushed into the tumour, but no matter followed on withdrawing it. The patient was shortly after transferred to Mr. Lawrence, who again punctured the swelling. A small quantity of matter was discharged this time, but it did not make its appearance till four-and-twenty hours after the opening had been made. This puncture did not close for some weeks, and denuded bone could be felt by a probe, but there never was any exfoliation. There seemed, however, at one time to have been some communication between the nose and the orbit, for the patient could force air out of the wound from the nostril. His general health has been tolerably good throughout, and the pain not severe. He retained some degree of vision until about a month ago, when the cornea sloughed, and the humors were dis-

charged much in the same manner as occurs in Majendie's experiment of tying the ocular branch of the fifth pair of nerves, and it may be questionable whether it did not happen, in this case, from the pressure of the tumour on that nerve.

Incisions have been made at various times into the distended conjunctiva, but attended with very little relief, and on the first of September Mr. Lawrence removed a small tumour from the external canthus, consisting of condensed cellular substance.

As no amendment seemed to take place, and as, on the contrary, the swelling increased, and the patient's health was beginning to suffer, Mr. L. proceeded to extirpate the diseased parts on Thursday (Dec. 6th.)

He commenced by an incision, about an inch from the external angle of the eye, which was carried through the conjunctiva all round, so as to separate the tumour from the lids, and then, holding it with a hook, he proceeded to free the diseased mass from its connexion within the orbit. The operation, at all times one of considerable difficulty, necessarily occupied much time, but there was no considerable hæmorrhage. A long roll of lint was introduced lengthwise to the bottom of the orbit, so as to compress the ophthalmic artery, and retained there for some hours. The patient took xl drops of laudanum immediately, and the eye was covered with wet lint.

The tumour was about the size of a pigeon's egg, and smooth externally; the recti muscles passed over its surface, and the optic nerve, quite in a natural condition, but very much elongated, could be traced through its centre, and the coats of the eye, which were all that remained of that organ, were perfectly healthy; the mass which composed the tumour itself approached more nearly to the mammary sarcoma of Mr. Abernethy than any other, but it was decidedly not carcinomatous.

7th.—There is a good deal of constitutional disturbance; he complains of headache, fever, and thirst; pulse quick, and rather full; bowels open. He was ordered a dose of calomel and jalap, twelve leeches to the neighbourhood of the eye, and Cat. Panis.

8th.—He is better to-day; the lids still continue very œdematous, but he does not complain of pain.

17th.—Since the report, he has been

going on remarkably well ; he is recovering his strength gradually ; and the orbit is filling with granulations on all sides, as well as from the back part of the eyelids, accompanied by a discharge of healthy pus.

PROCEEDINGS OF LEARNED SOCIETIES.

LONDON MEDICAL SOCIETY.

Monday, Dec. 17.

Dr. Haslam in the Chair.

THE discussion on Dr. Clutterbuck's Theory of Fever was renewed with considerable animation, but with little logic ; and an "Essay on Parturition," by Mr. H. Searle, was afterwards read, the principal object of which was to show that the muscles of respiration were the main, and not the accessory, agents in the expulsion of the contents of the uterus.

In our Report last week, instead of saying the Society was adjourned to the 14th of January, we ought to have said, that it would, after the next meeting (Dec. 17), be adjourned that day.

WESTMINSTER MEDICAL SOCIETY.

Saturday, Dec. 15.

Mr. Arnott in the Chair.

THE discussion on inflammation, under the title of the "Identity of external and internal Inflammation," was resumed ; but without leading to any very tangible results.

We agree with Dr. Barry, in thinking that the gentleman who introduced the subject was not sufficiently explicit in explaining the particular object he had in view.

There is at this Society a considerable disposition to wander from the subject under consideration, and we observed that the President was obliged, three different times, to call gentlemen to order, who were branching off—to the stethoscope, or to the *indivisibility* of medicine, surgery, and all thereunto belonging.

EXTRACTS FROM JOURNALS,

Foreign and Domestic.

SINGULAR CRANIUM.

PROFESSOR GOTTHARDT, of Bamberg, has in his possession a skull, the parietal

bones of which are divided by supernumerary sutures. These are very much dove-tailed, and run longitudinally, so as to divide the bone into two equal parts. The mastoid apophysis is partly divided by a suture, which is very apparent on the left side, and the os frontis divided in two by a suture running across from right to left. The cranium appears to be that of a man between thirty and fifty, and as far as can be ascertained without breaking it open, the preternatural sutures do not exist in the inner surface.—*Zeitschrift für Physiologie.*

EARTHEN POT IN THE VAGINA.

A WOMAN, 45 years of age, applied at the Hotel Dieu for a cancer of the uterus, bringing with her a certificate from her medical attendant that she laboured under that disease. She voided the contents of the bladder partly by the urethra and partly per vaginam ; she suffered from lancinating pains, and sense of weight and bearing down, while there was a foetid discharge of urine, blood, mucus, and pus from the parts. M. Dupuytren was astonished to find, on examination, a solid rough body, at the depth of about two inches, which he took for a urinary calculus, formed in the vagina as a consequence of the opening between it and the bladder. Nothing, however, could be elicited from the patient confirmatory of this opinion, and he then began to suspect that it might be a foreign body. On expressing this suspicion, the woman stated, that, nine years before, she had been attacked by two soldiers, who introduced a stone into the vagina ; that from this time she experienced great difficulty in making water, and for the first ten days violent pain. At the end of eight years, during which she had suffered comparatively little, the symptoms returned with violence, being attended with fever, want of rest, palpitations, voracious appetite, with a disgust of liquids, swelling of the ankles, acute pain in the lumbar regions and lower part of the abdomen, and foetid discharge from the vagina. Satisfied that it would be impossible to cure her while the foreign body was allowed to remain, M. Dupuytren proceeded to remove it. The patient was placed in the same position as for lithotomy, and the operator having introduced the fore-finger, was astonished to find a pot situated

transversely in the vagina, the bottom turned towards the rectum and its mouth towards the bladder. M. Dupuytren turned it so as to bring the opening downwards, and then being able to seize it with the forceps, completed the operation, which was short but painful. The foreign body proved to be a common pomatum pot, and was covered to the depth of several lines with a saline incrustation. When measured in the direction in which it had been placed in the vagina, it was found to be seven inches and four lines in circumference. The patient speedily recovered, the vesico-vaginal opening healed up, and she was discharged without any other inconvenience except some pain in the parts.—It is obvious that no credit can be attached to the account which she gave of the manner in which the foreign body had been introduced.

PATIENT WITH FIVE HERNIÆ.

A FOUNDER, forty years of age, came to the Hôtel Dieu for a truss. On examination he was found to have five herniæ. The inguinal ring was dilated on each side, and gave passage to a tumour of considerable size, extending into the scrotum beneath, and on the outside there was another tumour of a round shape, the size of a nut, and separated from the former by the ligament of Fallopius. It was easy to recognise a crural and an inguinal hernia on each side; the contents were reduced without difficulty, and as easily came down again. When the patient coughed, they became very large, and any particular hernia became proportionally larger, if the others were reduced. The umbilicus was occupied by a tumour as large as an egg, which could not be completely returned, a small portion always remaining, which had apparently contracted adhesions. This individual stated, that he had laboured under these ruptures from the earliest infancy. The inguinal herniæ were not congenital; indeed, a very distinct interval could be felt between them and the testicle. The only inconvenience he experienced, was the necessity of constantly wearing two trusses; one for the umbilical, and a double one for the other herniæ. This person was of good constitution, and there was no perceptible cause to account for these dilatations of all the abdominal apertures.

EXTRACTS FROM THE PORTFOLIO OF A READING DOCTOR.

ADIPOCIRE.

WHEN the exhumation of the dead bodies from the burial-ground of St. Innocent's, at Paris, led to the discovery of adipocire, or rather to its re-discovery, for it was known to Sir Thomas Brown and Lord Bacon, it produced a strong sensation among the men of science in England. Some went so far as to believe that adipocire might be made on a large scale, and a joint stock company was actually formed for that purpose; several noblemen and men of property subscribed 20,000*l.*, and an establishment was constructed at Bristol, containing a number of locks, each large enough to hold several dead horses, through which a stream of water was constantly flowing. The experiment failed, and the money, of course, was lost; but I am told that the principal superintendent, an able chemist and eminent physician of the present day, asserts, that it failed, not from any absurdity or impracticability in the scheme, but from the impracticable and unmanageable men he had to deal with; and that he is still convinced that, if properly conducted, it would be possible to transmute dead horses into spermaceti candles. If this had been known in the year 1825, we should have had an Adipocire Company, and the shares at a premium.

A gentleman, married, and in embarrassed circumstances, suddenly disappearing, it was concluded that he had gone off to avoid his creditors; on which they met, declared him a bankrupt, ascertained the amount of his property, and declared a dividend. Among this property was a jointure of 200*l.* a year to his wife, which they could legally claim if he was a bankrupt, but if not it continued the property of the widow. Five weeks and four days from the morning of his disappearance, his body was found floating in a neighbouring river, and so putrid that it was identified chiefly by the dress, and the contents of the pockets. And here arose a question, was he dead at the time when he was declared a bankrupt, and if so, can a dead man be made a bankrupt? One of his relatives, a veterinary surgeon, discovered, on carefully examining the body, that part of the flesh on the loins

had been converted into adipocire — this he cut out, carried it off, and showed it to Dr. Gibbes, who was at that time superintending the Institution for the Production of Adipocire, and the result of whose extensive experience was, that it was never formed in less than six or eight weeks. This evidence was produced on the trial, and was conclusive—it was clear that the drowned man must have been under water ever since the morning of his disappearance, and, consequently, that he was dead at the time when he was declared a bankrupt. In law, a dead man cannot be made a bankrupt—the bankruptcy was set aside, and the jointure of 200*l.* a year restored to the widow.

BEARDS.

MARTIN VAN BUTCHEL was the only person we ever remember to have been celebrated for his beard, with the exception of the still more celebrated Blue Beard, of dramatic notoriety. Hobart, the botanist, had such a beautiful beard, that he used to put it in papillotes ; and Hudibras has eulogized

“ Philip Nye’s thanksgiving beard.”

But in the whole history of the world there is no account of any bearded lady, with the exception alone of Barbara Van Beck, who was exhibited in London, 1668.

Though this curious fact seems to have escaped modern philosophers and physiologists, yet it has not escaped the wits, and an ancient French poet accounts for it, by the incessant exercise of that organ of speech, called the tongue :—

Sais-tu pourquoi, cher camarade,
Le beau sexe n’est point barbu ?
Baillard comme il est, on n’auroit jamais pu
Le raser sans être filade.

The writer of the above, when he states there is but one bearded lady whose history has been said or sung, seems to have forgotten the verse—

When young Lord Edward, in a merry freak
Kissed ancient Margaret, for the dame was kind,
He found that, though the rose had fled her cheek,
The thorn upon her chin remained behind.

Mauriceau says, that the accoucheurs of his time dressed dirtily, and wore long beards, for fear of exciting the jealousy of the husbands.

Might they not have had another object in this, namely, that of appearing wise, which was well ridiculed by the Greek epigrammatist, in the distich which says, “ If beards are to be con-

sidered a sign of wisdom, then a long-bearded goat is as wise as Plato ” ?

και τραγος εὐπαγωγων εὐστολος ἐστι Πλατων.

Any reference, however, to the platonism of this animal was certainly not calculated to serve them with the husbands.

BLUMENBACH’S MANUAL OF NATURAL HISTORY.

(Continued.)

§ 34. *Instinct.*

Blumenbach asserts the absolute blindness of instinct : in short, instinct, in all its usual senses. Birds of passage kept in cages, with plenty of food, and in warm chambers, yet at the given season of migration manifest the extremest restlessness, and attempt to escape. Canary birds, having the materials given them, build exactly like the wild ones in the Canary Islands, although reared under other birds. Condillac wished, with Darwin, to take away all the wonderful from the constructiveness of birds, and refer it, as in men, to practice. Nonsense ! There are creatures, the silkworm for instance, which work once, and but once, and which could have had no instructor.

§ 38. *Taming Animals.*

Buffon exempts the genuine streaked Indian tiger from the taming power of man — Pliny, mice — “ Mures sunt indociles.” Blumenbach has seen at least three genuine tigers perfectly tame ; and a peasant of Thuringia had perfectly tamed, and rendered even affectionate, a great parcel of mice, so that they knew their own names.

§ 39. *Domestication.*

The wild ox has hanging ears. In Savoy the domestic swine are all black ; in Bavaria all red. Every where the ass suffers little or no variety.

§ 41. *Number of Young.*

Carnivorous animals bring young ones in proportion to the number of their breasts — herbivorous only one. Rousseau draws an argument from this, that man is naturally herbivorous.

§ 44. *Teeth of Animals.*

The “ great beast ” Skeleton found near the Ohio, was thought to be the skeleton of an elephant till his jaw tooth was found, which discovered it to be an animal not now existing. Thank God !

§ 45. *Rumination.*

Blumenbach asserted, that he could

not even guess the uses of rumination. Camper's opinion is, that herbivorous animals require a larger quantity of food than others, therefore is their stomach enormous; so far right. Ruminating animals are at the same time timid, therefore is it a wise law that they can bolt down their food when they find it, and afterwards enjoy it in peace and security—but the elephant and the buffalo are ruminating animals. How does it apply to these, or to the chamois, who lives where no other animal lives?

§ 49. *Young. (Of the Kangaroo.)*

The kangaroo, that grows to four hundred pounds weight, brings forth her young like half-grown mice, takes them up and suckles them ten months in her bag.

Page 61. *Man.*

Nothing is so strong a picture of the social necessity of man, as a person dumb, because born deaf. It is the ear which connects man with the moral world—the *conditio sine qua non* of his progressiveness—that which distinguishes a society from a herd.

Page 65. *Negroes.*

Blumenbach gives us a most entertaining account of a little library which he possesses of works written by Negroes, from which it appears that there is not a single department of taste or science in which some Negro has not distinguished himself.

Page 69. *The Ape.*

An ape, which Blumenbach observed for more than a year together, would manage the wood for the stove, and put it in with as much judgment and œconomy as a cook-maid. He was very fond of the fire, like all apes, and would at times sing himself, and afterwards roll in the snow, and then return to the fire. He was often at the college, where he used to examine the specimens with a most laughable imitation and grimace. Once he swallowed a piece of arsenic, large enough to poison ten Kalmucks; it only produced a violent diarrhoea, and he was quite well again. But once a work on insects was lying on the table; this fellow had studied it with great

gravity for an hour: when ——— came into the room, he found that he had, with great address, pinched out all the beetles of the great plates and ate them, mistaking the pictures for real insects.

(To be continued.)

EPIGRAM.

In their zeal for the Church in the good times
of old,
Many saints fell as martyrs, we oft have been
told,
They preach'd and they practis'd, they labor'd
and toil'd,
St. Stephen was ston'd, and St. Lawrence was
broil'd.
We, too, have "a Lawrence"—he's no saint,
to be sure,
Though his practice be good, and his morals
be pure;
Who, a martyr to zeal, to science, and know-
ledge,
Keeps himself in hot water—as well as the
College.

BOOKS RECEIVED FOR REVIEW.

Mr. Litchfield on Medical Education.
Mr. Robertson on the Mortality and Physical Management of Children.
Dr. Abercrombie on the Diseases of the Brain and Spinal Cord.

NOTICES.

The Letter of *Verax* shall appear in a future Number; and probably that of a *Licentiate*, on the same subject.

Papers on Surgical Reform and Medical Education have been received.

The Report from Guy's was too late.

Jasper Wilson and *Wiseman* have reached us.

Viator has just come to hand—we shall be happy to hear from him again.

ERRATA in No. II.

Page 31, for "Ryder Street" read "Hinde Street."

Page 31, for "A. J. Thomson" read "A. T. Thomson."

Page 33, for "this letter" read "this latter."

Page 48, for "marrot" read "marmot."

[Most of these were corrected in the Second Edition.]

*** It is intended that the MEDICAL GAZETTE shall consist of Thirty-two Pages, as soon as Paper of sufficient size can be manufactured. We hope that this may be accomplished in time for the Fifth Number. The Editors have been induced to adopt this measure in consequence of the quantity of matter having already accumulated so much, as to have rendered the postponement of valuable Papers unavoidable.

THE LONDON MEDICAL GAZETTE,

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OBSERVATIONS

ON THE

DISEASES AND ACCIDENTS TO WHICH THE HIP-JOINT IS LIABLE.

BY CHARLES BELL.

Taken from his Clinical Lectures.

I MUST now press upon you, gentlemen, the absolute necessity of your studying the pathology of the hip-joint. Questions of the greatest difficulty present themselves almost daily: and their decision concerns not only the practitioner's reputation, but the comfort, and, perhaps, even the life of the patient. Indeed, you have proof of this in going round the wards, which at present contain not less than six or eight cases of diseased hip. On turning to your books you will find that there is no subject which has been more frequently treated of, and none that has given rise to more animated disputation.

I shall refer to a few cases, to which I beg your serious attention. 1st. You see a child with an abscess in the thigh connected with the hip-joint, a very common occurrence. 2. Another child with disease of the hip-joint, the leg of that side being longer than the other. 3. A case of disease of the hip of five years' standing, the limb on the affected side being shorter than the other. 4. An instance of disease of the hip of one year's duration, with the appearance of approaching ankylosis. 5. You have two cases of bruises upon the hip, of such a nature as to render it a question whether there be not fracture or dislocation of the femur.

CASE I. *William Camlin*, æt. 3½.—Was admitted October 18th, having an

abscess which occupied the upper half of the thigh, on the back part: it was opened on the following day, and eight ounces of thin and bloody matter were evacuated. The puncture made by the lancet soon healed, and on the seventh day following it was necessary to open the abscess a second time, when four ounces more were discharged. The discharge continued to flow from this orifice, but was not copious: it diminished gradually until the 2d of November, at which time the child had improved in health and appearance; and as he was very restless and impatient to be taken home, his mother carried him away on that day. She could give no account of the commencement of the disease: and there was some difficulty of ascertaining, by examination, whether the hip-joint was affected: yet it appeared probable that this was the case; and that these abscesses were produced by inflammation within the joint. The boy was observed to raise his thigh upwards towards his belly, while lying in bed, which is a characteristic symptom in hip disease.

CASE II. *Maria Cannon*, æt. 10, admitted October 2d.—She is unable to give an account of her case: and the following history is obtained from her mother. It is about eight months since the child was first observed to be lame. At that time she could walk or run, but she appeared very awkward in her gait, and complained of pain. For a month or six weeks little notice was taken of the circumstance: but at the end of that time she suffered so much from her knee, and the lameness became so considerable, as to alarm her parents. They consulted a medical practitioner, by whom it was recommended to keep the

child in bed so as to afford rest to the affected limb. At the end of two months she was thought to be so far recovered that she might get up and move about; but shortly after this her lameness and suffering returned more severely than before, and she has been confined to her bed ever since.

During the course of the disease she has been cupped on the hip and blisters applied. When she came to the hospital there were the marks of a recent blister upon the knee-joint. There is great fulness of the left hip, and tenderness upon pressure: she cries out with pain when the limb is rotated. There is an appearance of elongation of the affected limb, the heel of that side being full three inches below the level of the other. She lies upon her right side, and her body is curled up in such a way that she cannot be made to lie straight. Examining the pelvis, both on the front and posteriorly, it is found to be placed obliquely: the anterior superior spinous process of the right os ilii being felt much elevated above that on the left side. When a tape is drawn across the belly between these two points, it is observed that the obliquity of this line corresponds exactly with the obliquity of a line drawn from one patella to the other, or from one heel to the other. It is by this means shown, that the left limb is elongated in the same degree as the pelvis is depressed on that side, and that the right limb appears shorter only in proportion as that side of the pelvis is drawn upwards.

An issue is ordered to be applied to the hip.

Nov. 20th. — She has occasionally complained of pain in the knee, while there has been considerable heat about the hip. Leeches have been applied twice, by which these symptoms were relieved, and she is now going on well.

The mother of this patient stated, that before the child was confined to bed she frequently chided her for walking awkwardly. To show the manner in which her child walked, she turned her toe in and stretched her leg forwards, resting with the toe upon the ground.

CASE III. *William Hazard*, æt. 36, admitted October 25th. — He has been suffering for five years from disease of the left hip, which he attributes to his having been exposed to wet and cold, after being engaged, during a whole day, in making violent muscular exertions. The hip became much swoln: an abscess

formed in the groin, which burst and discharged matter. He was confined to his bed for six months; after which he recovered so far as to be able to move about a little with his staff, but with pain and difficulty, and he continued in this state for a year and a half, when he was seized with another attack of inflammation in the hip, and was obliged to confine himself again to bed. After a time he got a little better, and attempted to walk, but was soon obliged to return to bed again. He has been alternately better and worse, at different intervals, during the last three years. A few days ago his hip becoming again very painful, he sought admission into this hospital.

He appears of a scrofulous constitution. His position in bed corresponds with that of most patients who have hip disease: his body is twisted: his shoulders and back are placed flat on the bed, while the affected hip is turned round so as to be raised considerably above the level of the other. The limb, upon the diseased side, is, apparently, considerably shorter than the other: this, upon examination, is found to be owing to the oblique position of the pelvis. When a cord is drawn from one anterior superior spinous process of the ilium to the other, the oblique poising of the pelvis is distinctly seen, and it corresponds with the obliquity of the knees or heels of the two limbs. The left thigh and leg are found, by measurement, to be smaller than the same parts in the sound limb.

An issue is to be formed over the diseased hip, which is to be kept open, and the moxa is to be applied, at various times, over and around the trochanter major.

Nov. 20th. — There has been very little alteration in this man's condition since his admission, and, consequently, no report has been made. An abscess which appeared on the inside of his thigh burst, and has become a sinus, into which the probe can be introduced more than two inches in the direction of the hip-joint. Another abscess is forming about two inches from the anterior superior spinous process of the ilium. His health has not been much disturbed and the discharge is not very copious.

CASE IV. November 1st, *John Murray*, æt. 30, of a strumous constitution. — He has been in the hospital twelve months. He attributes the commencement of the disease in his hip to his

having received a violent twist of the limb, in consequence of the foot being wrenched about fifteen months ago. He has had extensive suppurations around the joint passing down into the thigh: and he has been so much reduced as to have been in imminent danger of his life. He recruited, however, and is now enjoying, comparatively, good health. The thigh is through its whole extent hard and firm, and the flesh wasted. It is about an inch and a half shorter than the other. The muscles around the hip are condensed, and the joint is scarcely moveable, apparently from the stiffness of the surrounding parts: it is conjectured that the head of the bone may be wasted, and that the trochanters have approached the margins of the acetabulum; which may account, in some measure, for the stiffness of the joint.

Nov. 25th.—An abscess formed over the hip, which was opened, and copious discharge followed. He is labouring under a severe attack of fever at present, from the irritation of the abscess.

CASE V. November 1st, *John Burn*, æt. 53.—A tall, thin man. About a month ago, while he was crossing the street, he was struck by the shaft of a gig, which was driven violently against him; he was knocked down, and fell upon his left haunch. He could not rise from the ground, and he was therefore placed in a hackney-coach, and conveyed to this hospital. He lay in bed with the injured leg apparently shorter than the other, and the toe turned out, in the posture of fracture of the neck of the femur; but after careful and repeated examination, it could not be discovered that there was any fracture or displacement of the bones. Yet he could not move the limb, and when it was rotated he experienced great pain, chiefly at the inside of the thigh, near the perineum. Being assisted to get out of bed, he was directed to rest his weight upon the injured limb, and when examined in this position no crepitus could be distinguished.

The treatment of this patient consisted in applying leeches, at different times, to the hip, and afterwards a succession of blisters. He was freely purged, and latterly he rubbed the hip with soap liniment. He was soon able to move about, and after being in the hospital about a month he was dismissed cured.

CASE VI. *John Hennings*, æt. 48, admitted April 27th.—When riding, his

horse suddenly started to one side, he fell to the ground, lighting on his left hip. He was assisted to rise, but found that he could not rest upon the left leg. When he lies in bed, in the position most easy to him, it appears that the left limb is shorter than the other, and the toe is turned outwards. On his being laid even on his back and made to lie straight, both limbs are then found to be of the same length. It gives him great pain to turn the toe inwards. This case is interesting chiefly on account of the resemblance it bears to fracture of the neck of the femur, and the difficulty of distinguishing it from that accident. After some time had elapsed the patient was made to stand; no crepitus could be felt on applying the hands upon the injured part. He was purged: numerous leeches and successive blisters were applied around the hip, and he was able to walk out of the hospital on the 5th of June.

In the first place, without reference to the cases which have just been read, I shall endeavour to describe how the hip disease will present itself to you in practice. Persons of all ages, and in every condition of life, are liable to this complaint; infants, as well as men arrived at advanced age, may become subject to it. You may have made up your minds about the way in which the hip disease exhibits its first appearance in the adult; but, perhaps, you may not be prepared to say in what manner the same disease presents itself in early infancy. I remember a case which may prove a good illustration. An infant was suddenly seized with convulsions: it became insensible and rigid, with distortion of the eyes. It recovered, but was again and again seized in the same manner, and appeared to be in a state of the utmost danger. Dr. Denman was called in to attend this infant along with me. It was the opinion of the doctor that these symptoms were owing to dentition: yet it appeared to me that it was too early for so much irritation to be produced by this cause. He recommended that I should lance the gums of the infant; and when I had performed the operation, he was not contented with touching the gums where the first teeth were about to appear, but he directed that a full sweep should be made round the whole range of the jaw, and the lancet be made to grate on all the teeth. The infant

received no benefit from this operation, and I was the more convinced that we had not discovered the true source of the illness. On stripping the child and observing all its motions narrowly, (a thing which should never be omitted when the child is so young as to be incapable of expressing its wants or sufferings except by cries,) I found that the mischief lay in one of the hip-joints. This was much swollen; it was tender, and gave great pain when the limb was moved. The disease went on in spite of all our remedies, till suppuration surrounded the whole joint. Three times I punctured the abscess and closed it. The child became at length reduced to such a miserable condition, that I remember Dr. Denman exclaiming, "Would that God may speedily take this child unto himself!" Yet the child recovered, and is now grown up; but he is lame from the wasting of the head of the femur, in the manner presently to be explained. This case proves how difficult it may sometimes be to detect the first existence of this dangerous disease.

In proceeding to consider the various ways in which the hip disease shows itself in practice, I shall now present you with a case of a different kind. Suppose, then, that a boy is at school; he is observed to limp, and in the evening he complains of pain and stiffness. On returning to his active games nothing can be observed about him different from his companions: his lameness is so slight, that when warm and relaxed with exercise, like a lame horse after having gone a mile or two, all the apparent awkwardness is gone. But when he sits quietly in an evening the pain and stiffness return: and, by and by, it is more distinctly seen that the boy continues to grow stiffer, and to *hobble* more in his gait. Upon questioning him he will, perhaps, acknowledge that he suffers considerable pain in the limb. It is at this period that advice is generally sought; and the question is, how are you to conduct the examination in order to discover the source of the lameness?

The first thing you are to do is to make him walk before you, and observe the direction of the toe. You are then to strip him, and place him with the buttocks directly before you. You will observe that on the affected side there is a fulness and a greater breadth betwixt the fissure of the nates and the

trochanter major than on the other side; and if the trochanter be firmly pressed inward against the acetabulum, pain will be felt. The patient may in the next place be made to stand erect on both his legs; you then ask him to rest upon the sound limb only, and throw out the other as in abduction. This you will probably find he cannot do without great pain; because, during this movement of the limb, the muscles press the hip-joint, and the head of the bone jars against the delicate and inflamed structure of the acetabulum. If he be now laid straight upon his back on the carpet, you will find an inequality in the length of his limbs. If the patient and others of the family exhibit the peculiar signs of a strumous diathesis, then there is every probability of this being the commencing stage of that very dangerous disease, which is called by authors *Morbus Coxarius*.*

I shall now present you with another case, for the purpose of drawing a contrast between the disease we have been considering and one which is totally different. Suppose that a boy, somewhat more advanced in life, has been at school and has returned to spend the holidays at home. His mother observes as he walks across the room that he is awkward in his gait, or even lame; but, upon being questioned, he is not conscious of it. "So far otherwise," says he, "that I yesterday played a match at cricket." When you are sent for, you find that it is true the boy halts: and it would appear that the hip is the part which is affected; but the leg can be twisted easily; you have no difficulty in making him throw it about in any direction, and, moreover, he experiences no pain. What then is the matter with the boy? If he be laid down flat upon his back along the floor, it will be seen that one limb is shorter than the other. In whichever way you examine him, you find that his legs are of unequal length; and therefore conclude that his lameness proceeds from this cause. There is obviously a difference in the length of the limbs, and the next question is, whether that leg which is shorter be also smaller than the other? Compare the knees, the ankles, the calfs, in their circumferences; and the leg which is shorter will be found to measure less in its

* Here Mr. Bell observed, he would take another opportunity of showing how different the diseases are that are treated of under this term.

thickness also. This will make you reflect upon an affection which is not uncommon, and which is dependant upon scrofula. At a certain period this boy's leg has stopped growing: there has been some secret influence which has prevented it from attaining its natural developement. This is a frequent occurrence during teething, when there has been great disturbance of the bowels. No doubt we shall have among the children of the poor Irish women, who come as out-patients to the hospital, an example of partial paralysis,—an obscure affection, but one which, I think, is connected with that which we are now considering. I shall then recall your attention to the subject; but at present it is enough to say, that this peculiar affection ought to be kept in mind in reference to the present question. Whilst the boy continued to live with his friends, neither the cessation of growth, nor the shortening of the limb, was observed. But after he had left home for some months it was rendered visible; because during that period he had been growing rapidly in all the other parts of his body, and this leg was becoming comparatively diminutive. Now this affection of the limb is liable to be mistaken for disease of the hip; whereas it is a dwindling and imperfection of growth in the entire limb, induced, most probably, by some irritation during infancy. I have known instances in which this mistake was committed; and leeches, successions of blisters, and issues, were applied, under the impression that the case was one of hip disease.

I shall now direct your attention to the case of Maria Cannon. The first thing worthy of remark is, that the pain is chiefly seated in the knee. A young surgeon is apt to be misled by this circumstance: the mother declaring that her child complains solely of the knee and of no other part. Yet it is necessary to be aware of the fact, that pain in the inside of the knee is a very frequent attendant upon disease of the hip-joint. The obturator nerve, as you know, passes through the thyroid foramen close to the hip-joint, and after supplying the muscles is distributed upon the inner part of the knee. This nerve in its course is thus involved in the inflammation which affects the hip-joint, and the pain is referred to its extreme cutaneous branches, at a part distant from

the seat of the disease. This is a law of nervous diseases, which it is important for us to bear in mind. You find the same if the disease be in the elbow-joint: for when this part is affected, the muscular spiral nerve is included in the inflammation, and frequently pain is felt by the patient on the back of the thumb and wrist.

I could give you many examples of this, but we must keep to our subject. When, therefore, the patient complains of the knee being painful, and there is no increase of suffering when the joint is firmly pressed and kneaded with the fingers, it is to be suspected that the hip is the part which is inflamed.

Next in regard to the shortening of the limb, which is a very common occurrence in disease of the hip-joint, it is particularly necessary that you know the fact and understand the explanation of it. If the disease has commenced within the joint it extends its influence to the surrounding parts. They become inflamed, and abscesses are apt to form. The muscles, in their action, press the tendons against the inflamed parts, and hence it is that the patient cannot bear to lie with his limbs stretched out straight along the bed, for this produces a tension upon the forepart of the joint. He inclines the body, therefore, and raises the knee upwards to the belly, bending or doubling himself as the most easy posture. In this way he twists the spine and inclines the pelvis, drawing it obliquely upwards on the affected side. This is not what you remark when you see the patient, for it is only the shortening produced in the limb which is obvious. The surgeon thinks one leg is becoming shorter than the other; and he explains it by supposing that there is absorption of the neck of the bone. The apparent shortening of the limb, however, does not depend upon this, but on the unequal poising of the pelvis, which draws the whole limb upwards.

In the case before us, it is singular that the limb on the diseased side is the longer of the two. Yet we find even in this case that it is owing to a twisting of the pelvis, but in a different direction. The explanation may perhaps be this. The girl, it is stated, was not confined to bed at the commencement of the disease, but was allowed to move about. Whilst walking she was unable to bear the weight of her body on the affected limb, and consequently

she acquired the habit of throwing the foot of that side before the sound one. It may be that from her stretching out the lame leg, and touching the ground with the point of the toe only, the spine has become permanently depressed on that side. This explanation you will find in Mr. Brodie's work on the joints. Not having been confined to her bed, it is also probable that when sitting she rested the weight of her body only upon the healthy and strong hip, and favoured the other which was painful, throwing it forwards, in order to avoid pressure upon the hard edge of the seat.

From the continuance in this habit, both of walking and sitting, the spinal column may be twisted to the opposite side, and the pelvis consequently become permanently oblique in its position, and the leg apparently longer. When this patient was examined, it was found, that according as one leg appeared longer than the other, the anterior superior spine of the ilium of the same side was depressed; thus proving that the apparent elongation did not depend upon the length of the limb itself, but on the position of the pelvis.

But to return to that which is the most common condition of the limb in hip disease, where there is apparent shortening of the limb. Suppose that on the second or third day after the commencement of the disease, especially in the acute inflammation of the hip, (a subject which we purposely defer,) this appearance of the leg is discovered for the first time; it is apt to strike the surgeon that he has committed a mistake; he is afraid that there may have been either fracture or dislocation of the femur, which has not been detected. In order to satisfy yourselves whether there is real or only apparent shortening of the limb, make the patient lie even upon his back, in as straight a position as he can, and then search for the superior spinous processes of the ilium on both sides. By drawing a tape between these two points, it will be seen whether the pelvis is situated obliquely or not. If the pelvis be placed exactly in a straight position, then the difference in the length of the two limbs no longer exists: the heels may be made to meet and correspond exactly. But whenever the examination is over, the patient gradually resumes his former position of ease, and then you find that the limb is

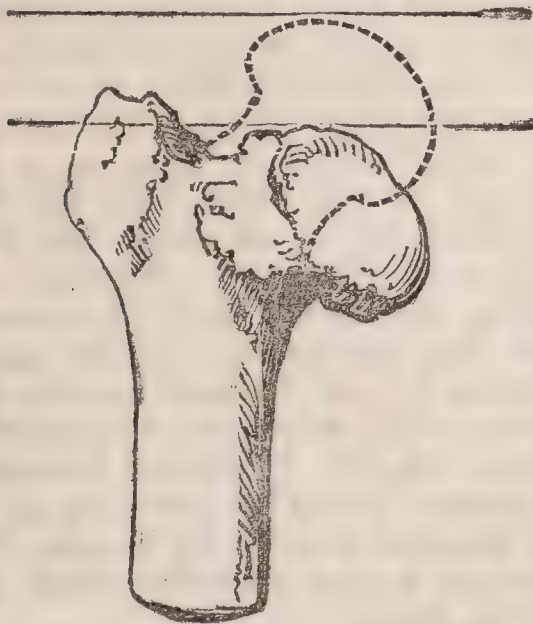
drawn upwards, and appears shortened just as before.

The case of the old man (John Burn) is also worthy of your attention. This patient, after having been knocked down, was rendered powerless in his left limb; he could not rest upon it; and it gave him excruciating pain when the limb was rotated. The leg which was injured was found to be shorter than the other, and the toe turned outwards, which gave rise to the suspicion of fracture, yet no crepitus could be felt. Having examined the relative position of the pelvis, it was found that this shortening of the limb was deceptive. Because, when the pelvis was placed exactly even, and the two limbs were then examined, they were found to be of equal length. No displacement of the trochanter could be discovered upon comparing its position with the tuberosity of the ischium and spine of the ilium. Now you perceive the difficulty in practice, and it is proper that the nature of this injury be fully explained to you. There was great pain and suffering when the limb was rotated. It must be considered, therefore, what are the parts squeezed or compressed in this examination. If we had before us the dissected hip-joint, what I have now to say would come with much more force. It is the grand objection to teaching anatomy and surgery in separate courses, that the two parts of the demonstration are given at different periods. In this case the circumstance of most importance to be understood, is the position of the limb, *viz.* its being turned out as if it were fractured. It appears to me that this is the explanation. The man has fallen, so as to bruise the glutei muscles, where they are inserted into the great trochanter: these bruised muscles are stretched, and pain consequently excited, whenever the leg is rotated inwards: he therefore insensibly seeks repose to these inflamed muscles, by keeping the thigh-bone turned outwards, which relaxes the fibres.

But you may ask me, if there be no such thing as an actual shortening of the leg consequent upon injury to the head of the thigh-bone? Certainly there is; but observe, when we speak of consequent, we mean a more remote consequence. A gentleman, we shall suppose, has been thrown from the top of a coach, and, falling upon the side, has injured one of his limbs. It has been

suspected, that the hip was the seat of the injury, but no fracture nor dislocation has been detected. This patient has continued long confined to bed. If he has been of a strumous constitution, perhaps he may not have recovered at the expiration of three months. At this time, there may be some doubts entertained by the patient and his friends concerning the decision given by the first practitioner. It may now become a question, whether there were not either fracture or dislocation of the femur at the commencement: for why is the patient still lame, and one leg shorter than the other? It may become the duty of some among you to examine whether the surgeon who first saw the patient is to blame. You must therefore comprehend the cause of this lameness, before you can understand whether the first practitioner is chargeable with ignorance: it may become your part to decide whether there was fracture or dislocation at first, or whether the lameness has proceeded from some subsequent cause.

When an injury has been done to the hip-joint, and inflammation follows, this process is apt to soften the texture of the neck of the femur: and consequently the head of the bone sinks downwards, and is flattened; thus diminishing the length of the whole.



This is very common; and you perceive it may give rise to the shortening which has taken place in the injured limb. From the same cause, *viz.* the depression of the head of the bone, the stiffness and lameness also result: because the head of the femur, which naturally stands out free from the trochanters, and thus permits extensive and easy motion in the limb, is now,

by the process of absorption of the cervix, approximated to these processes, and hence lameness results: for whenever the patient attempts to walk, there is a checking of the trochanters against the edges of the acetabulum, consequently there is an inability to throw the limb out freely, and it is necessary that the whole pelvis be thrown round. Whenever such a case occurs to you in practice, it will be prudent to explain to the friends of the patient, that this is the course which such an injury may probably take; it is better to have the credit of foreseeing the consequences, than to have another surgeon called in, after some months, to question the propriety of your decision. In one of the cases to which I have alluded in making these remarks, the circumstances happened as I have stated them; and those gentlemen who were called in to decide upon the practice and professional character of the surgeon first employed, would doubtless have refrained from showing their jealousy and exposing their ignorance, had they been acquainted with a case which is really not rare. I was the third person called in, and had to explain what had actually taken place. Upon this subject, you should consult Mr. John Bell's Works.

Consecutive dislocation must next occupy our attention.

[We are sorry we must defer the concluding part of the lecture.]

EXPERIMENTS AND OBSERVATIONS
INTENDED TO
EXPLAIN THE MODE IN WHICH
DEATH IS PRODUCED BY
LIGHTNING.

By B. C. BRODIE, F.R.S.

And Surgeon to St. George's Hospital.*

It is not to be supposed that the operation of an electric shock on the animal body will be the same in all cases. It is more probable that it expends its influence sometimes on one part, sometimes on another, and that the effects produced by it will vary accordingly.

A boy was admitted into St. George's hospital under the following circum-

* Extracted from Notes of Lectures delivered in the theatre of the Royal College of Surgeons, in the year 1821.

stances. He had several superficial sores on his abdomen and lower limbs, and he gave the following account of their origin. In the month of July, during a thunder-storm, he was sitting with several other persons under a hovel covered with thatch. A flash of lightning struck the hovel, and set fire to the thatch: the boy, and a woman who was of the party, fell senseless. The woman was instantaneously deprived of life; but the boy recovered his sensibility after the lapse of a few minutes. He had been drawn out of the hovel before he could feel any effects from the burning thatch, and his clothes were uninjured: but shortly afterwards large vesications took place about the pubes and thighs, precisely resembling those which arise from a scald; and they terminated in a similar manner, that is, in producing ulcerations. It is evident that, in this case, the electricity must have acted chiefly on the surface of the body. A corresponding case is recorded in the sixty-sixth volume of the *Philosophical Transactions*. A bullock, which was pyed white and red, was exposed to a violent thunder-storm. A stroke of lightning consumed the white, but left the red hairs. In another volume of the *Philosophical Transactions* is the history of a man who was instantaneously destroyed by lightning, which made a wound in his neck, and burned the surface of the body, so that the integuments resembled scorched leather.

But a stroke of lightning may also occasion death without injuring (as far as we are capable of perceiving) the organization of any part of the body. Wishing to determine in what manner the electric influence operates on these occasions, I instituted the following experiment. An electric battery of six jars being charged with electricity, the shock was made to pass through a guinea-pig, in the longitudinal direction, from the head to the tail. The animal immediately fell on one side, as if stunned. There were convulsive actions of the muscles of the extremities, which however presently ceased. The function of respiration was not interrupted. In a few minutes sensibility was restored, and the animal recovered.

In this experiment there were no marks of derangement of the vital functions, with the exception of those of the brain: and the animal suffered, as he might be expected to suffer, from concussion of the brain.

An electric battery of nine jars being charged with electricity, the shock was discharged through another guinea-pig, in the direction from the head to the tail. Immediately the animal fell on one side. There were convulsive actions of the muscles of the limbs, but it uttered no sound; and although closely watched, it was not observed that he breathed once after he had received the shock. Three minutes afterwards I opened the chest, and found the heart acting with regularity and vigour, about eighty times in a minute, and circulating dark-coloured venous blood. The peristaltic motion of the intestines also continued. On dissection, no preternatural appearances presented themselves in any part of the body, and the muscles contracted readily when submitted to the influence of a voltaic battery.

In this experiment it was evident that the electric shock did not destroy the irritability of the muscular fibre, nor did it affect the action of the heart. Death took place precisely in the same manner as from a severe injury of the head, and the animal died manifestly from the destruction of the functions of the brain. There can be no doubt that if the lungs had been regularly inflated, the action of the heart would have been maintained; and very probably in this, as in many other instances where the cause of death operates especially on the brain, by persevering in the process of artificial respiration the animal would have been restored to life.

In a third experiment there were corresponding results, although death was not the immediate consequence of the injury. The animal lay on one side: the heart was distinguished acting through the ribs, and he continued to respire: he was totally insensible, except when roused, and then he gave some imperfect signs of sensibility, like a person suffering from concussion of the brain. There were occasional convulsive actions of the voluntary muscles. In the evening, five hours after the experiment was made, he was still in the same condition, but on the following morning he was found dead and stiff.

It has been stated, on no less an authority than that of Mr. Hunter, that in a person killed by lightning there is an instantaneous and complete destruction of the vital principle in every part of the animal machine: that the muscles are relaxed, and incapable of

contraction; that the limbs do not become stiffened as after ordinary death, and that the body immediately begins to undergo the changes which are the result of putrefaction. That lightning never produces such phenomena as these I am not prepared to assert; but in the experiments which I have just described, such an instantaneous extinction of vitality certainly did not take place. It is manifest that the functions of the brain were those on which the electric shock exercised its principal influence, and that the suspension of those functions was the immediate cause of death.

Now let us compare the results of these experiments with those of human beings who have been struck by lightning, and who have afterwards recovered.

One person* (as we are informed) felt an impulse on one side of his head, and his sense of hearing was impaired afterwards. Another person† felt as if stupified, and forced to the ground he knew not how. A third individual‡ is described to have been rendered instantly insensible; the pulse being strong, though irregular. In eight minutes he began to move his shoulders; and in four minutes more he articulated some incoherent words; but an hour and a half elapsed before he had entirely recovered his senses. This patient appears to have been under the care of Dr. Struve, a German physician, who published a treatise on the art of restoring suspended animation. He was bathed in cold water; and then covered over with earth, which was laid upon him six inches in thickness; vinegar was poured down his throat, and the powers of his constitution enabled him to recover, in despite of the doctor's remedies.

It appears to me that the facts which I have been able to collect relating to this subject lead to this conclusion, that the influence of lightning, or of a powerful shock of electricity, in the majority of cases, is expended chiefly in disturbing, or destroying, the functions of the brain: and the treatment necessary to counteract the effects of the injury may be comprised in a few words.

Expose the body to a moderate warmth, so as to prevent the loss of animal heat, to which it is always liable where the functions of the brain are

suspended, or impaired: and inflate the lungs by means of a pair of bellows, so as to imitate natural respiration as nearly as possible, whenever the animal breathes with labour or difficulty, or when he has ceased to breathe altogether by his own efforts.

DR. HARRISON.

Sir,

ON referring to the *Medical Gazette* of last week, I perceive that you have not hesitated to charge me, in direct terms, with wearing a "white feather." Being at a loss to comprehend the grounds of your opinion, you will oblige me by assigning them in a future Gazette, or by retracting the opprobrious epithet.

It will be sufficient for the present purpose to observe, that the moment I determined to address Dr. Chambers on College affairs, I took a firm position, and am not conscious of having either deserted it, or of having even vacillated in the smallest degree.

After reading a letter of mine in the *Literary Gazette* of next Saturday, which was sent for publication in a former Number, you will, I think, be convinced, that, in as far as your article concerns me, I have, by anticipation, refuted all your assertions.

Unless you can prove that I have withdrawn from any position which I had taken, or that I first promised, and afterwards refused to concede practice, (a request even considered by yourself "absurd,") it is incumbent upon you to make your recantation in the same channel with the charge. If, however, you succeed in showing, that a power conferred by Parliament is, when exercised, *an arrogated or assumed privilege*, you will find me ready to acknowledge my error, and to avow practice. By giving a place to this letter in your ensuing Gazette, you will oblige,

Sir,

Your obedient servant,
EDWARD HARRISON.

We have printed Dr. Harrison's letter that he may have no cause to say that we open our pages only to one side of a question. He is "at a loss to comprehend the grounds of our opinion," that by his late conduct he has shown the white feather. If he is so blind as not to see them in our former article,

* *Philosophical Transactions*, vol. xxxiv.

† *Ibid.*

‡ Struve on Suspended Animation.

we are pretty sure that we shall not make him comprehend them in this; yet we will try. Has he not said that his object was "to bring all disputed matters formally into Court?"—that "he has tendered the College for years opportunities of examining their pretensions for interfering with him?"—that he has "furnished his solicitors with instructions to give every facility to a legal investigation?" Now what does all this mean? That which every body understood, and must understand by it, is, that it was his object not to elude an action, but to bring it on; not to dispute the fact that he practised medicine, but to determine the right of the College to interfere with his practice; and that he was willing to grant facilities for proving the former, in order that the latter might be finally settled. His having raised these expectations by his language, and then disappointed them by his refusal, were the grounds for our using the phrase which has offended him. If his language does not mean this, in the name of common sense what does it mean? To us it seems nothing but gasconade. But if the doctor will tell us what facilities he meant to grant, (extraordinary of course they were, for surely he would not boast of ordinary ones,) we will print his statement; if he does not, our readers will know what to conclude. Dr. Harrison's "firm position" is that of irregular troops, who hide themselves in woods and mountains, and say, "Catch us, if you can;" whereas his boasts led us to expect, that he would come into the field and fight a pitched battle, the only way of settling the question. Since we wrote the article above alluded to, we have learned from good authority that the College of Physicians have at length obtained what is deemed sufficient evidence of Dr. Harrison's practice, and are proceeding with their action, of which the doctor will speedily receive formal notice. If there is any certainty in law, he will be worsted in the contest.

PARIS HOSPITALS.

To the Editor of the London Medical Gazette.

Sir,

MAY I request that you will, as an impartial journalist, give insertion in

your next Number to the following very brief observations, in reply to the letter of your correspondent, Dr. Thompson, and its enclosure, which appeared in your last, relative to the Paris hospitals.

There is but one hospital in Paris, consisting of all the buildings wherever situated, devoted to the accommodation and treatment of the sick, insane, and helpless poor, of all ages and sexes. The funds of this establishment are abundant, and well administered.

Each patient, before entering the ward in which he or she is to be treated, is dressed in a full change of raiment, scrupulously clean, decent, and warm.

The beds, even in the Hôtel Dieu, where the very lowest poor are received, are of the neatest and most comfortable description; they are such as any man in any country, might sleep on with confidence and satisfaction. The wards of La Charité are heated and ventilated, in a style infinitely superior to, and more expensive than, those of any hospital in England. The neat tiled floors are not only cleaned, but polished into lubricity, and reflecting brightness, every morning, and carefully brushed again after the morning visit.

The physician, or surgeon, can, and frequently does, order poultry, fish, jellies, fruit, in short, any delicacy which he may think proper for his patients. The standing diets, 1, 2, and 3, are liberal in their respective rates.

With regard to medical treatment, every creature connected with medical administration in the Paris hospitals, whether physician, surgeon, pharmacien, chef de clinique interne or externe, internal and external dressers, &c., must each have obtained his situation by public competition, against all the best qualified of his own class. They are all at their respective posts at seven in the morning in summer, and eight in winter. The highest surgeon wears his apron, and dresses with his own hands. The physician goes round every bed. Each lectures afterwards to his class, upon the most interesting cases, for at least half an hour.

Besides these advantages, there is another peculiar to the French hospitals, I mean the superintendence of the sick-bed by the *Sœurs de la Charité*. Their elevated, disinterested attentions to their suffering fellow-creatures are beyond all praise; they receive no pay, but, as it were, work their passage to a

better world, by soothing the pains of the sick in this.

We, in this country, know so little of the feelings by which these excellent individuals are actuated, that we cannot even conceive them; they afford a strong practical proof of the beneficent influence which religious sentiments, properly directed, may be made to exercise on the human character; they save the helpless sufferer from being pillaged and outraged in his last moments by the remorseless hirelings, so frequently found in hospitals.

In fine, sir, I feel no hesitation in asserting, that the sick, in the hospitals of Paris, are as well fed, as well clothed, as well lodged, and as feelingly and kindly treated, as the sick of any other city in Europe.

You shall hear from me again on the subject of the Medical Schools of Paris.

Yours, &c.

VIATOR.

19th Dec. 1827.

COLLEGE OF SURGEONS.

Mr. Editor,

It was with very great pleasure I heard the other day, that it is the intention of the Council of the Royal College of Surgeons, on the 1st of January next, to open their library to our profession, and, under certain regulations, to the scientific part of the public. Proper officers have been appointed, and a person selected, who is in every respect competent to perform the important duties of librarian, so as to render this valuable collection available to the best purposes of science.

It has also been whispered that the Worshipful Company of Apothecaries have it in contemplation to keep pace with the times, and blend scientific pursuits with their mercantile operations. For this end it has been suggested, that the gallery formerly proposed for a library, but never furnished to answer that good design, should be fitted up for its original laudable intention.

I cannot conclude without congratulating the profession on the means you have afforded them of refuting gross mistatements and calumnies, of which Mr. Earle's letter in your last Number is an excellent practical proof; and an example that need only be followed with the same temper and tone, to put an end

to the slander with which the most honourable characters so long have been assailed.

Yours,

WISEMAN.

20th Dec. 1827.

DEATH IN THE BOTTLE.

Not long ago a poor man could sit down and contemplate his loaf or his Sunday's pudding with heartfelt satisfaction; and if he happened to call bread bread, or flour flour, he had not science enough to discover that he was guilty of a misnomer.

In the fulness of time, however, a learned man arose, and proved, to the great discomfiture of every unsuspecting stomach in Great Britain, that the white mass, which the good subjects of these realms had been daily depositing in that viscus as bread, was little else than alum, potash, potato-parings, and sawdust.

Not only was the staff of life thus rudely rent from us; but every other necessary or luxury which supports the poor or pampers the rich, was declared to contain in it, subtle and slow-consuming poison. "There is death in the pot," said Mr. Accum; and he said it so often, that the fat waxed lean, the good warned their children of the dire import of that homely curse, "Go to pot;" and Dr. Kitchener devoted himself to the cause of humanity and cookery.

Men were still reeling under this dreadful blow, and, in spite of Home-baking and genuine Flour Companies, still masticating the improved loaf, with the caution of octogenarians, when another phalanx of concealed enemies was declared to surround us on all sides. "There is death in the air," says Dr. Macculloch. If you are a wealthy citizen, retired to some snug cottage to shun the bustle and business of life, and to breathe fresh air amid green luxuriant fields, that very luxuriance of vegetation is a proof of a damp and unwholesome atmosphere. If your house is sheltered in winter and shaded in summer by a goodly forest, there must be plenty of putrid vegetable matter, and, therefore, abundance of malaria. If you would drain your lands, what do you gain? says the doctor; you have but allowed the pestilent congregation of vapours to arise from your

drains, instead of the morass. If you imagine that a running stream, while it adds to the beauty of your park, adds also to the health of the neighbourhood, you deceive yourself. Vegetable decomposition goes on just as well in a river as in a pond, with this additional advantage on the part of the river, that it may carry its poison along with it, and so spread the mortality. In short, while it is exceedingly easy to point out spots enough to die in, it is proportionably difficult to get a place to live in. A good tract of gravelly soil, thinly sprinkled with wholesome brown-looking grass, with here and there a furze-tuft, half a foot high, might insure you a tolerable chance of life. But as for living near forest, or river, or pond, or lake, it is madness. Indeed, if all the suspicions of the doctor be well founded, it becomes a duty in our ministers to hold out a reward for some invention by which a man might have pure air generated as occasion requires—a sort of safety air-pump, for example. In the interim, every cook, gardener, and all such persons, convicted of throwing into river, lake, or pond, any cabbage-leaf, carrot, or turnip-top, or any green thing growing from a vegetable, or any part of a vegetable, should be severely fined, and a deodand of five shillings levied on such cabbage-leaf, carrot, or turnip-top, so found.

We have unquestionable authority, therefore, for believing that the food we eat, and the air we breathe, are only so many modes of *felo-de-se*. The thought of this might drive a melancholic man to his bottle—but, beware!—"There is death in the bottle."* Don't let us hear any more about "drowning care in the bowl." No more rhapsodizing—

"Boy, let the liquid ruby flow,
And bid my pensive heart be glad."

Your "liquid ruby" is nothing but "Benecarlo, (Anglice—'Black-strap,') gum dragon, berry dye, brandy-cowe, and sal tartar;" and whatever the effect of the villainous compost may be on the heart, that on another part of the animal economy would scarcely be equivocal.

Claret, Champagne, Burgundy, and the host of sweet names which dwell on the lips and in the pages of Dr. Hender-

son, may be all made up *ad libitum*; and your superior wines, your full-bodied, or pale, or soft, or any other imaginable vinous attribute, manufactured "remarkably cheap," with the aid of sundry ingredients. The author of the little work has this advantage over the two other purveyors of death, that he is not fanciful, and has really done service by the exposures he has made. It is not against all, but only the "cheap wine" merchant that the book is directed: and the way he sets about his task is thoroughly business-like. He shows that the lowest importation price of any wine or spirit, is greater than the price at which the "cheap wines" are sold. The inference, therefore, is, that what is sold cheaper than it can be imported, was never imported at all. It would be tedious to present the reader with tabular views of the various liquors, showing how they are cheapened, or their relative price to the genuine article. For this and other curious matter we refer to the book itself. We shall merely examine a few points, and follow our author in a few exposures.

Suppose, then, you are anxious to have a "genuine, fine, superior, rich old Port"—very cheap.—You must mainly rely for body on your Benecarlo. No ray of light, not even from a patent sinumbra, was ever known to permeate this liquor, and reach the connoisseur's eye as he holds it up for inspection. You next render it somewhat less thick and slab, by the addition of Figuera, a wine from Estremadura, only less detestable than the black-strap. Dilute it farther with red Cape; soften and flavour it with Mountain—"sal tartar will cause a thick crust when bottled"—gum dragon imparts fulness and flavour, "and gives the whole a face."—Berry dye, brandy-cowe, and cider, finish the process—and you have thus a compound which costs you 50*l.* for the pipe of 115 gallons.

The "fine, pale Sherry, of peculiar delicacy and flavour," is compounded after the following approved receipts:—

Cape.—Brandy-cowe, to give it the appearance of a light bodied wine—extract of almond-cake, to impart a nutty flavour—cherry-laurel water, to give it a round flavour—gum benzoin to make it smack like brown Sherry—lamb's blood, to fine it, and make it pale as water, if requisite; and raisin wine for the rest. This delectable com-

* Death in the Bottle—Wine and Spirit Adulterators unmasked. By One of the Old School. London, 1827.

pound costs 16s. 11½d. per dozen of sixteens, and is sold at 24s. to 30s. The author, after placing the various items in a tabular form, throws in three pounds sterling, as "allowance for loss by the bottoms." Whether the plural substantive relates to casks, or any thing else, is not stated.

So much for the ordinary table wines of the few; as for the tippie of the million,—the list of ingredients is really alarming. In gin, for example, we have oils of vitriol, turpentine, juniper, cassia, caraway, and almonds; extracts of orris root, angelica root, capsicum, grains of paradise, with sulphuric æther, water, and sugar. 100 gallons of genuine gin are anabaptized in 92 of water. The pungent smell is got by the oil of vitriol; the hot taste, by capsicum and grains of paradise; turpentine and sulphuric æther hide the vitriol; orris root imparts fulness of body; and every other fore-named ingredient has some efficient share in the atrocious compound. If, after the specimens we have given, any one be foolhardy enough to venture on "cheap wine," we can only say—"Why heaven have mercy on him!"

MEDICAL GAZETTE.

Saturday, December 29, 1827.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

EXTRAORDINARY OPERATIONS.

IN a recent number of the *American Medical Recorder* we find the following passage:—"We may be permitted to state our belief, that persons have been committed to the grave because improper surgical measures (surgical operations) were enforced, in cases where ignorance alone was not a sufficient plea, but where daring arrogance, unfeeling boldness, and a longing after fame, have hurried on to the commission of acts which would sully the bright escutcheon of any one guilty of violating that sacred charge—"Thou shalt not kill."

From this extract it would appear that our transatlantic brethren are not

behind in the practice of what, among us, has received the gentler appellation of "bold surgery;" and although we would neither encourage timidity, on the one hand, nor, on the other, apply such strong language to any thing that has been done among us; yet we look upon a passion for performing extraordinary feats in surgery as one of the characteristics of the present day. We therefore purpose examining some of those operations which have of late been proposed, with a view of fairly ascertaining the grounds on which they lay claim to our confidence; and we are the more impressed with the necessity of making this scrutiny from observing, that the usual mode of reasoning on such subjects has in some recent discussions been lost sight of, or altogether abandoned. Formerly, the cure of the disease, and the recovery of the patient, were looked upon as somewhat in favour of the treatment adopted; and, on the contrary, a fatal issue was thought rather to militate against the efficiency of the means employed. Indeed, it was reserved for the last few years to bring to light examples at variance with these old-fashioned notions; and it would now appear so little requisite that there should be any connection between the remedy and the complaint, that operations are represented as having cured diseases which dissection has proved never to have existed: while so little has recovery to do with success, that in one instance the cure was published when the patient was in her coffin.

Events of this nature are calculated to mislead the profession, to retard the progress of science, and to bring discredit on our art: we shall therefore in the present, and some future Number, discuss the subject on the principle stated in our Address: that when men likely to have influence were "disseminating opinions, or acting on principles, practically injurious, we should do all in our power to obviate such an evil."

The first of these operations to which we shall advert, and probably the only one which our limits will permit us to

discuss, in the present Number, is that of tying the artery beyond the tumour in certain cases of aneurism. This method has been revived by Mr. Wardrop, after it had failed in the hands of one of the most eminent surgeons in Europe, (Sir Astley Cooper :) a circumstance which ought to have led to considerable caution in any attempt to bring it forward again. We think this remark will be justified by the examination, which we subjoin, of those cases in which it has recently been performed by Mr. Wardrop. For convenience sake, they may be divided into those in which we presume he did, and those in which he did not, tie the vessel:—and first we shall speak of the former.

The case in which Mr. Wardrop originally performed the proposed operation, is detailed by him in the 13th volume, Part I., of the *Medico-Chirurgical Transactions*, and in the following words:—

“A lady, seventy-five years of age, after a very violent fit of coughing, perceived a swelling on the right side of her neck, a little above the clavicle. When I saw her eight days afterwards, the tumour had all the characters of an aneurism of the carotid artery, and had become as large as a fist, but was so situated that it was quite impracticable to tie the vessel below the tumour, so closely did it come in contact with the clavicle. The tumour continued to increase in size; *and on the eleventh day after it was first observed, it had acquired a formidable aspect, the scapular portion having become very red and painful*, the pulsation, which was very strong throughout the whole swelling; being here particularly so, and the parietes *feeling extremely thin, and as if ready to burst.*” After the operation, the size of the tumour, and the strength of the pulsations, gradually diminished.—“The redness of the skin, however, continued to increase; and that of the scapular portion of the tumour to become more and more of a purple colour, till at last ulceration commenced on the most prominent part. Several con-

siderable sized portions of coagulated blood were discharged, *along with some healthy pus*, through the ulcerated opening: and on the twentieth day after the operation the ulceration of the integuments had closed, and nothing of the tumour remained but some wrinkling of the skin, and a considerable degree of thickening of those parts on which the base of the tumour had rested.”

Now, we ask, who ever heard of an aneurism which at the end of eleven days from its commencement had advanced so far as to be inflamed and ready to burst? Who ever heard of an aneurism which within three weeks more did actually ulcerate and discharge healthy pus, mixed with some coagula of blood? It is impossible, we think, for any practical surgeon to read this case, and to look at the drawing given of it by Mr. Wardrop, without perceiving that the whole history is at variance with the obscure origin—the gradual developement and protracted course of aneurism. We believe that the nature of the disease in this instance was altogether mistaken. And, at all events, giving to the case the most favourable construction of which it is susceptible, we hesitate not to say, that it is so different from other cases of aneurism as to lead to no rational inference with regard to the effect of similar treatment in that disease.

The next case is that of Mrs. D., who laboured under aneurism of the arteria innominata, for which Mr. Wardrop tied the subclavian artery: and the point to be ascertained here is, not whether there was really an aneurism, as in the preceding case, nor whether the vessel was *bonâ fidé* tied as in that which is to come: but the question is simply this—what is the present condition of the patient?

Dr. Barry, in some observations which he lately made in public, adverted to this case, stating that he had seen and minutely examined the subject of this operation, and that the result of the examination had satisfied him that she laboured under organic disease within

the chest, which gave rise to distressing difficulty of respiration, and placed her in a very precarious condition. This statement was made, not only without any expression of disapprobation towards Mr. Wardrop, but in the most fair and handsome manner. There is something, however, intoxicating in flattery, and those who long have been "dieted on praises sauced with lies," cannot relish wholesome food. In an evil hour, Mr. Wardrop was induced to write to the editor of the "invaluable" Journal a letter, which places on record his account of the state of Mrs. D. at a particular period, to which account he thus stands pledged. He informs us, under date December 5th, that Dr. Barry had given "a very imperfect statement," and that he was anxious to prevent the public from being misled by it. He then proceeds to inform us, that his patient was in the enjoyment of "*good, though feeble health*," and that "*a perfect cure had been effected*." Now in judging between the opposing statements of these gentlemen, it is of importance to be aware that Dr. Barry had been frequently with the patient, and founded his opinion upon actual examination. Whereas Mr. Wardrop, at the time he wrote his account, to "prevent the public from being misled," had, as we are informed upon unquestionable authority, not seen Mrs. D. for several weeks. And we assert, that so far from her enjoying "*good, though feeble health*," and *à fortiori*, so far from a "*perfect cure having been effected*," she is at this moment labouring under thoracic disease, which, if not accelerated, has at least been in no degree retarded by the operation, and that she is now in apparently desperate circumstances.

Dr. Barry in a letter, the delicacy of which towards Mr. Wardrop forms a striking contrast to the treatment he had himself experienced, well remarks, that "it is of the last importance to the profession and to humanity, that the principles and the application of this bold

and novel practice should be maturely and carefully weighed. That this hazardous operation should be viewed in all its bearings, by other eyes than those of the man whose zeal for the improvement of chirurgic medicine first led him to perform it, but whose cooler judgment may for a moment have been dazzled by the brilliancy of the anticipated results."

Of Mr. Wardrop's remaining case little need be said. It was supposed to be an aneurism of the carotid artery, and Mr. Wardrop was supposed to have tied that vessel; but as both these suppositions proved to be erroneous, the operation, in whatever it may have consisted, can have no influence on the present question.

There is yet one other case to which we have to allude; it is that which fell under the care of Mr. Lambert. This was a very small dilatation of the carotid near its origin; and we are informed by the author himself, "that Sir Astley Cooper discountenanced the operation, and remarked that it was an aneurism by dilatation which would not increase." Mr. Key, Mr. B. Cooper, and Mr. Callaway, severally gave opinions against the operation. Mr. Lambert, however, acknowledges that he "was not at all satisfied," and consulted his "friend, Mr. Wakley," who "recommended the operation to be immediately performed;" and, lastly, Mr. Wardrop "unreservedly declared himself" of the same opinion. Mr. Lambert, backed by these authorities, proceeded to the operation; and thus afforded the first practical illustration of the evil which has resulted from the view given of these cases, and the premature conclusions which have been drawn from them. The patient died, in consequence of the artery ulcerating at the point where the ligature had been applied. This case, however, unfortunate as was the result, and imperfect as is the evidence it affords, yet goes farther to establish the principle than any of Mr. Wardrop's; because dissection showed that a restorative process had begun, and thin layers of lymph were

discerned on the inner surface of the dilated part of the vessel.*

Mr. Wardrop, in the letter alluded to, says he has reason to believe, "that not only the principle is now universally admitted, but that in future the operation will, without hesitation, be adopted." With all deference to Mr. Wardrop, we think that after the examination of his cases which we have just made, surgeons will hesitate very considerably: and before they either admit the principle, or follow the practice, they will require some evidence less equivocal than that of four operations, in one of which the carotid artery appears to have been tied indeed, but where we hold that there was no aneurism; in the second of which dissection showed that there was neither aneurism, nor had been ligature of the vessel; in the third of which we have speedy death; and in the fourth of which the physician in attendance (a friend of the operator) declares, that he has "strong motives for reserve," as to the "perfect propriety and complete success of this operation." Had the account of this last rested on our authority alone it might, and no doubt would, have been met by denial; but as it is, Mr. Wardrop can only exclaim, in the words of the Spanish proverb, "God defend me from my friends, and I will defend myself from my enemies." Assuredly no one had ever more cause to make use of the exclamation; and we shall add one more saying for the edification of himself and friends, that "those who live in glass houses, ought to take care how they throw stones."

ANALYSES AND NOTICES OF BOOKS.

"L'Auteur se tue à allonger ce que le lecteur se tue à abrégér.—D'ALEMBERT.

Reports of Medical Cases, selected with a View of illustrating the Symptoms

* The operation has likewise been performed by Sir E. Home; who, induced by the alleged success of Mr. Wardrop's first case, tied the inguinal artery in an aneurism of the external iliac, at Chelsea College, but without any effect whatever in arresting the progress of the disease.

and Cure of Diseases by a Reference to Morbid Anatomy. By RICHARD BRIGHT, M.D., F.R.S., &c. 4to. pp. 232. 1827.

DR. BRIGHT is one of the physicians to Guy's Hospital, and the Lecturer on Medicine in that old and celebrated school. Having a wide field for the cultivation of medical knowledge, and ready means of communicating his information, he has at once the best opportunities, and the strongest motives, not only for acquiring a thorough knowledge of his profession, as far as it has been investigated by others, but of exploring it still farther himself. For this purpose, how can a physician best avail himself of these enviable opportunities? By taking a particular disease as a study—by closely watching and accurately recording every case of the kind—by noting, at the conclusion of each, the most important points which it has illustrated, and so on through a great number of cases. Thus he will, at length, arrive at all the most important truths relating to the object of his study. Of these, some will be too well known to require publication; but others will possess more or less novelty, and these will form materials for the most instructive books that can be written on medicine. This is the plan which Dr. Bright has pursued, and the result has been a volume full of useful information, valuable and interesting to all those who cultivate medicine, and written in the clear and natural style of a practised pen. The cases are given, as well as the results—the former will be read with benefit by students and young physicians, and for this purpose we refer them to the volume itself; but older and busier practitioners will have time only for the latter, and these we proceed to analyse:—

Dropsy.—The morbid appearances, found in those who die with dropsical effusion, are very various; and it is often doubtful whether they were the causes of the effusion, or its effects, or arose from some more general disease. One great cause of dropsical effusion is obstructed circulation;—whatever generally or locally impedes the return of the blood through the veins occasions dropsical effusion;—as diseases of the heart, into the cavities and cellular substance—of the liver, into the abdomen;—tumours of the abdomen, into the lower extremities, and the obliteration of particular

veins into the cellular substance contiguous to them. In some fatal cases of dropsy, the peritoneum is found diseased in various ways, covered with an adventitious membrane, or with tubercles. There are other appearances, to which Dr. Bright thinks too little attention has been paid; these are organic diseases of the kidney. To this point, as the principal novelty of the book, we call the attention of our readers, and hope that those physicians who are practical morbid anatomists, will never open the body of a person who has died of dropsy, without a careful examination of the internal structure of the kidney. The result of Dr. Bright's experience is this:—When the urine in dropsy is albuminous, and more or less coagulable by heat, the kidneys have been found diseased in structure, while the liver has been but slightly affected. On the other hand, when the dropsy has depended on considerable disease of structure in the liver, and the kidneys have not been diseased, the urine has not been coagulable; and further, if the kidneys and liver have both been in a state of structural derangement, the urine has coagulated. “I have never yet,” says Dr. Bright, “examined the body of a patient dying with dropsy, attended with coagulable urine, in whom some obvious derangement was not discovered in the kidneys.”

Whether the morbid structure of the kidneys has changed their secreting action, or whether this change of their action has produced a change of their structure, is doubtful; but the most probable opinion is, that various hurtful causes, acting through the stomach and the skin, have produced an inflammatory state of the kidneys, which, after a time, occasions an alteration of their structure. When anasarca is brought on by cold or occasional excess, the urine is generally coagulable by heating it in a spoon over a candle. In such cases blood often appears in the urine in various quantities. There is another form of dropsy, where we meet with coagulable urine, that of patients who have been long subject to recurrences of anasarca, are worn out in constitution, lead irregular lives, and drink spirits. Now in these and all other cases in which the urine is albuminous, it appears to Dr. Bright, that the kidneys act a more important part than has generally been imagined.

Then follows one of the first cases,

in which Dr. Bright observed the connection between albuminous urine and the disorganization of the kidneys. The patient was taken into Guy's Hospital, in October, 1825. At one time the urine assumed the dingy brown colour, which Dr. Bright considers as marking the admixture of coagulated blood, and the urine was found to coagulate by heat. He complained of pain in his loins. On the 29th of November he died. On examining the body, there was nothing unnatural in the size or substance of the liver, but the kidneys were completely granulated, the external surface rough and uneven, even to the touch; internally, all traces of the natural organization were nearly gone, except in the tubular parts, which were of a lighter and more pink colour than usual. From the advanced state of the disease in the kidneys, Dr. Bright thinks that it preceded and occasioned the anasarca. In this case, the man had two very severe inflammatory attacks whilst he was in the hospital; and a similar tendency to inflammatory action forms a striking feature in several of the other cases, and appears to Dr. Bright to be immediately connected with the condition of the kidneys; for, when their secretion is greatly deranged, the serous membranes, in particular, seem always ready to become the seat of inflammatory action.

In case 5, the urine was found, at first, not to coagulate in the usual manner, but to become a complete gelatinous mass; later in the disease it became coated with a fine pellicle, and afterwards milky, and not until a day or two before death did it show the usual marked coagulable character. Dr. Bright, however, did not detect any peculiarity of morbid structure in the kidney to account for this.—It may be remarked that the skin of this patient was almost always perspirable. Case 14 is one where the urine coagulated by heat, and was, for a considerable time, decidedly mixed with a large quantity of the red particles of blood. He died from an accidental attack of inflammation of the epiglottis. The kidneys were of the darkest chocolate colour, interspersed with black and white spots, giving the appearance of a polished fine-grained porphyry, and this structure was found to pervade the whole cortical part, though the natural striated appearance was not lost. A large quantity of blood oozed from the

cut surfaces, and the whole kidney seemed gorged with that fluid, which in many points was extravasated.

We are next presented with a few cases, where there was coagulable urine, and symptoms more or less resembling those already mentioned, but where the treatment was successful. This consisted chiefly in bleeding from the arm or the loins; after which, very frequently, the urine very much or entirely lost its coagulating property. Its quantity was increased by the saline diuretics, particularly the super-tartrate of potass; and where there was much renal irritation, great benefit was derived from uva ursi, in doses of ten grains up to a scruple, and combined with two or three grains of pulvis conii; occasionally the infusion of spartium scoparium, scilla, elaterium, or the acetate of potass were found serviceable. Blisters to the loins, turpentine frictions, or fomentations, sometimes gave relief. Case 15 is one of the most interesting and instructive in the book, as the patient remained under Dr. Bright's care, from March 1826, to April 1827, during which period he was twice convalescent, and the urine lost its property of coagulating for a considerable length of time. Still Dr. Bright was firmly convinced that the kidneys were extensively diseased, and a fatal relapse taking place, dissection proved the correctness of his views.

We now come to Dr. Bright's "general remarks" on the foregoing cases. He has attempted to classify the diseased structures of the kidney into three principal divisions, all accompanied by coagulable urine, but seems to doubt whether they may not be modifications or different stages of the same disease: nor does he point out any marked difference in their symptoms. The *first* he terms rather a state of degeneracy, where the size of the kidney is not materially altered, nor any morbid deposit to be discovered. It is less firm than usual, and has a yellow mottled appearance externally, which colour, slightly tinged with gray, pervades the whole of the cortical part, and the tubular portions are unusually light-coloured. This state of kidney does not necessarily accompany any dropsical effusion whatever, and is most common in cachectic constitutions, attended with chronic disease. Where far advanced, the kidney becomes lightly lobulated and partially impermeable, from consolidation,

and in these cases dropsy does exist. The *second* form is where the cortical portion becomes granulated, with a copious morbid, interstitial deposit of an opaque white substance, and the kidney is less firm than natural: in less advanced cases, maceration for a few days in cold water is requisite to display the granulated structure. The surface has this appearance only where the disease has lasted for some time, and then the kidney has increased in size. In these cases the urine is highly coagulable, and there is frequently, but not necessarily, accompanying anasarca. In the *third* form, the kidney is quite rough and scabrous to the touch externally, studded with numerous minute projections, yellow, red, and purplish. It is often lobulated, feels firm, and, on incision, is found approaching to semi-cartilaginous hardness. There is not so much interstitial deposit as in the second variety; but the whole organ seems contracted, the tubular portions being drawn nearer the surface.—In most of these cases the urine has been highly coagulable. In some other cases, where the urine is coagulable, but irregularly so, the kidney has either appeared unnaturally soft, or the tubular structure has been blocked up by small white deposits, resembling concretions, whilst the cortical portion has been hardened, and the tubular vessels have assumed a waved direction.

In respect to the treatment of dropsy, where any of these organic changes in the kidney appear decidedly to exist, Dr. Bright doubts whether any mode of treatment will cure, or even much relieve the patient—where less rooted, however, much may be effected. In the early stages, particularly in those sudden attacks of anasarca, arising from intemperance and exposure, we have to restore the healthy action of the kidneys, and to guard against those dangerous secondary consequences of the disease, inflammations of the serous and sometimes the mucous membranes, and apoplexy. That these attacks are frequently occurring, is proved by the circumstance of seventeen dissections showing marks of inflamed pleura, some recent, but generally old, in no less than eleven cases, while five betrayed signs of inflamed pericardium. It is obvious that these attacks form no essential part of the disease, from several of the best-marked cases having exhibited no symptoms of their existence during life,

and leaving no traces after death. The author also mentions three cases where cerebral affections occurred. It will be highly necessary, therefore, to watch very narrowly the first indications of any inflammatory affection, and to deplete largely, if early in the disease. In the more advanced stages loss of blood is borne very ill. Where there is no reason to suspect inflammation, still bleeding is often serviceable, materially contributing to the restoration of the healthy action of the kidneys. Cupping on the loins has seemed to answer in many of the cases. Purgatives, and particularly those saline ones having also a diuretic power, were most efficacious; and squill has been very useful, particularly when combined with a narcotic, as henbane or opium. Where the pulse was sharp, digitalis did much good in some cases. Where the inflammatory stage had subsided, turpentine frictions, or the Peruvian balsam internally, seemed decidedly useful. In regard to mercury, however general opinion may have appeared to indicate its use in these diseases, the cases which have proved most successful under Dr. Bright's care, have been those where mercury has been rigidly avoided; indeed, in some instances, though not always, it evidently interrupted the benefit produced by other remedies. Besides which, in these cases most violent and sudden ptyalism is apt to take place, exceedingly difficult to be checked, and from the state of the cellular membrane universally, the gums and cheeks often pass into a state of gangrene. Where there has been great general debility, with a feeble circulation, probably accompanying a peculiarly flaccid state of the kidney, tonics will be likely to give relief, such as squill combined with the sulphate of quina or steel;—and, perhaps, it is in such cases that uva ursi is of most service.

We are next presented with some observations by Dr. Bostock on the chemical qualities of the urine in these cases.

By these it appears, that it is of less specific gravity than healthy urine, the average of twenty-six cases being 1.017. It was deficient in some of the natural constituents, at the same time containing some extraneous matter. The albumen, on which depends the coagulating quality, is of the same nature as that in the serum of the blood. In some instances owing to a peculiar

combination of the extraneous animal matter, it was exceedingly difficult to separate the albumen; but still Dr. Bostock feels satisfied that no jelly was present, though the appearance produced by the chemical tests much resembled it. Some of the specimens contained a free acid, others an excess of alkali, particularly where the patient was under the influence of mercury. Others again were nearly neutral, and these differences were often in the same patient's urine at different stages of the disease. In healthy urine, on an average, the proportion of urea is 4 per cent., and of the salts 2 per cent., supposing the whole extract to bear a proportion of 6 per cent. In the cases now examined, the albumen varied in quantity very considerably, from $\frac{1}{2}$ per cent. to two-thirds, and was always much diminished in proportion after the patient had been bled. Dr. Bostock makes a remark, that albuminous urine often exists in persons in sound health, and in many cases is so modified, that whilst it resists the usual tests of heat, or some one of the chemical processes, it will be detected by others. He inquires whether it be possible to trace any connection between these different states of the albumen and the various stages of the diseases where it exists. In the serum of the blood, in some of the cases, a substance slightly analogous to urea was detected, and the serum contained less albumen than in health; whilst the urine contained less urea, and more albumen.

We now come to a series of cases of dropsy, where the urine was not *coagulable*, and where there was no disease of the *kidney*, but where alterations of structure took place in the liver or heart. These cases confirm Dr. Bright's views; but as there is no particular novelty in them, we shall pass them over rather cursorily.

The diseases of the liver which seem to lay the foundation of dropsy are very various, arising from apparently essentially different morbid actions. In the cases mentioned, there was always reason to suspect alteration of structure in that organ before death, whilst the usual symptoms of diseased kidney were absent. In one case only (29th) did the urine slightly coagulate, and there the kidneys showed marks of disorganization. Dr. Bright observes, that circumscribed changes of structure in the liver, as hydatids or tubercles, are not so

frequently the causes of dropsy, as the more general changes, which produce more obstruction to the circulation through the branches of the vena portæ. The seven cases which are described, show three distinct modifications of disease, though there are several other species well known. In case 25 particularly, and also slightly in two of the others, there was a new deposition of morbid matter in the secreting portion of the liver, resembling very much cholesterine, the basis of biliary calculi. In case 26, the whole viscus was unusually hard, the acini enlarged, and the parenchymatous substance of a semi-cartilaginous firmness, though not drawn into bands; externally it was tuberculated, and of a lemon colour, and cut like boiled udder, to which it bore some resemblance. In the two last cases the whole organ was changed into globular concretions, hard and tough, easily pushed out of the cavities in which they seemed imbedded, and sliding readily over each other. By maceration in water for three months, all the globular masses were converted into adipocere, leaving the cysts unchanged; in four of the cases the peritoneum was thickened or inflamed. There is an interesting dissection given of a case by Dr. Hodgkin, where the liver was converted into a fatty substance, resembling tallow in its qualities, as examined by Dr. Bostock. Here, however, there was no dropsy.

There are four cases of dropsical effusion, apparently depending on thoracic disease, where the urine was not coagulable, and where no alteration in the kidneys was discovered. The last case is one of extensive ascites and anasarca; where the lungs were greatly consolidated, distinct marks of inflammation were seen on the pericardium, and the *inner* membrane of the left ventricle was distinctly thickened, hard, and yellow, and in one part, about the size of a shilling, it appeared abraded, as if by ulceration. The peritoneum was mottled, and showed traces of old inflammation. Dr. Bright remarks, that he has since met with a case where there was more extensive disease of the inner lining of the heart, but where no anasarca preceded death.

(To be concluded in the next Number.)

HOSPITAL REPORTS.

ST. GEORGE'S HOSPITAL.

Strangulated Hernia.

Two cases of this kind have occurred lately at this hospital, and as they bear upon an interesting and important practical question, we shall give a succinct account of them here.

CASE I. William Fox, æt. 22, a hale young countryman, was brought in at twelve m., Dec. 5th, from Stanmore. He states that he has been subject to rupture since childhood, and that, till within the last twelvemonths, he wore a truss, although there always remained some swelling at the part on which the instrument was applied. For the last year he has laid aside the truss altogether, and felt no inconvenience; nor did any additional protrusion occur until five o'clock last night, when, after wrestling, he found a swelling in the groin. He vomited soon afterwards. A surgeon who saw him bled him freely, and tried the taxis, which, however, failed. He passed a bad night, and the taxis was again ineffectually employed this morning.

On admission, there was seen a large scrotal hernia on the left side. The tumour was very tense and tender upon pressure; the integument not discoloured, and the testicle could be felt below and rather behind the tumour, on which it was movable, in that respect differing from congenital hernia. No pain on pressure of the abdomen; pulse 90, not very hard; tongue white; no anxiety of countenance. The bowels had not been opened since the 3d, and he vomited fluid given him. He was placed in the warm bath for nearly an hour, and, on being removed to bed, was bled to syncope. The taxis was then employed by Mr. Bushell, and afterwards by Mr. Rose, but without effect. Five p. m.—Cold by means of the sulphuric æther, and bags of pounded ice, has been applied for the last two or three hours, with occasional attempts at reduction. These failing, he was again bled to syncope, and the taxis had recourse to; but no impression being made upon the tumour, Mr. Rose, after some objections on the part of the patient, proceeded to the operation.

On cutting into the sac much bloody serum escaped, and a layer of omentum was exposed, enveloping a large fold of small intestine. The omentum was, comparatively, but little altered,

whilst the intestine, though still glossy and firm, was very dark and discoloured. The stricture, which was at the outer ring, and exceedingly tense, was divided, and the gut carefully returned, when it was discovered that a quantity of omentum still remained in the sac, to which it had contracted firm, and evidently old, adhesions. This it was not deemed prudent to return; it was accordingly disturbed as little as possible, and the integuments brought together by five or six sutures, with adhesive straps and compress.

Small doses of Sulphate of Magnesia in Peppermint-water every two hours.

He passed an excellent night, and had two or three stools; but on the evening of the next day he complained of a good deal of pain in the tumour, increased on pressure, and stretching from that up to the umbilicus. Pulse 100; skin hot and dry; great thirst.

V. S. ad ζ xx. H. Sal. \bar{c} Mag. Sulph. 6tis horis.

These means, with the application of twenty-five leeches, and to the abdomen fomentations, greatly relieved the pain there, but a good deal still remained in the tumour. On the 8th, the pulse was 100, full and bounding; tongue brownish in the centre; nausea; occasional chilliness. The straps were removed, and the wound found to have in great measure united, but a degree of fulness was observed at its upper part.

V. S. ad ζ xij.

9th.—He fell into a perspiration after the bleeding, and passed a good night. Looks anxious now; pulse has more jerk; nausea; head-ache; thirst. There is a distinct blush with a little œdema about the wound, and at the outer and upper part of the tumour there is evident fluctuation. Into this part a puncture was made, giving vent to an ounce or more of darkish pus, mixed with bubbles of air, not, however, having the odour of sulphuretted hydrogen.

H. Sal. effervesce. \bar{c} succ. limon, recent p. r. n. Cat. Lini.

In the evening, a small artery, which had been divided by the lancet, threw out nearly a pint of blood into the poultice. The bleeding was stopped after some trouble, by compresses of lint and rags dipped in cold water. From this period all the bad symptoms disappeared. The puncture went on for six or seven days, discharging freely healthy pus, whilst the tumour *pari*

passu diminished in size. At present the wounds are all but healed; the tumour, especially towards the lower part of the scrotum, has greatly subsided, but in the inguinal canal a considerable degree of consolidation and fulness remain.

CASE II.—Joseph Haplin, æt. 42, admitted 12 P. M., Dec 15th, under the care of Mr. Brodie, with inguinal hernia in the left side. The tumour was tense, oval, about the diameter of an orange, and there was little pain in it on pressure. There was great tenderness, however, of the abdomen; constant vomiting; hiccough; anxious countenance; skin pale and cold; pulse small and weak.

This man had been brought to the hospital twelve months previously, labouring under nearly the same train of symptoms, when the operation was performed by Mr. Jeffreys; but there was found only a cyst, which Mr. Jeffreys supposed to be an encysted hydrocele of the chord. Immediately after the operation, the symptoms, which had been very urgent before it, subsided, and in a short time he left the hospital. About a month ago he presented himself with a rupture on the same side, which was not painful, but inconvenient from its bulk. On pressure, a portion of intestine could be returned, but a certain degree of tumour remained, which was soft and separable from the chord, and was apparently omentum. He was ordered, we believe, a truss, and left the house. At five A. M. of the day of his admission, whilst going his rounds as a watchman, he was attacked with griping of the bowels, to which he was subject. He returned home and went to bed, but the pains increased, and at ten A. M. he began to vomit. The tumour was at this time rather larger than usual, and as the day advanced it became painful, and perceptibly increased in size.

The warm bath, taxis, &c., were employed by the house-surgeon, but to no effect. At three A. M. Mr. Brodie arrived, and determined on an immediate operation. A knuckle of intestine much redder than natural was found at the upper part of the sac, and a portion of omentum, not thickened or otherwise diseased, extensively adherent to it below the stricture. The stricture which was at the neck of the sac was divided, and the gut returned, but the adherent omentum was left.

As we are afraid of overstepping our limits, we shall not pursue the details of this cure farther; suffice it to say, that in spite of active purges and venæ section, no motion was obtained from the bowels for nearly twenty-four hours after the operation. There was a good deal of pain and tenderness of the abdomen, but this was completely relieved by a large blister, and he is now doing exceedingly well. The wound is filling up by granulations, as the sutures were cut away on the 16th, when the bowels could not be moved, in order to ascertain whether the gut might not have descended again.

It will be observed, that in these cases the omentum was left unreduced. In both it was extensively adherent, and in neither was it disorganized. We fear that we should far exceed the space allotted us, were we to enter at all into what authors have advanced upon the treatment of strangulated omentum. Sir A. Cooper, in his very excellent observations upon Hernia, published in the third volume of his *Lectures*, remarks, that if the omentum be very large, if it be in a state of mortification, or if it be "hardened, and have a scirrhus feel," it should be removed wholly, or in part, the divided vessels secured by fine ligatures, and these, one end being cut off, should be left hanging from the wound. If, however, says Sir Astley, omentum alone adheres to the sac, *it may be freely separated and returned*. Mr. Brodie, whose experience cannot have been inconsiderable, comes to a different conclusion. In his Clinical Lecture upon Joseph Haplin's case, he observed, that whenever difficulty obtained in reducing the omentum, either from its being adherent, mortification, or from its being converted into a large fatty mass, the old practice used to be to cut it off, or apply a ligature upon it. With regard to the ligature, authors are almost unanimous in disapproving of it; in fact, as Sir A. Cooper shrewdly remarks, it is renewing with increased severity what the operation was intended to relieve—the stricture on the part.

Mr. Brodie is inclined to think that the excision of the omentum is not so devoid of difficulty and danger as some would seem to infer. If no vessels are tied, the hemorrhage may be very considerable; indeed, Mr. Hey has published two cases in which the patients nearly died of it. If, again, the arteries are tied, the ligatures cut off close, and

the omentum returned, we are not sure that bleeding may not take place within the abdomen, from vessels which did not bleed while the omentum lay exposed in the sac, and which therefore were not secured: and, besides, what is to become of the ligatures? Mr. Earle related to Mr. Brodie a case of this kind, in which they were discharged through an abscess which presented itself at or near the umbilicus. The patient recovered; but, nevertheless, an abscess of the belly, which bursts at the umbilicus, cannot be supposed to be always free from danger. If, instead of the ligatures being cut close, one end of each of them be left hanging out at the neck of the hernial sac, the omentum must of course remain drawn down to the abdominal ring; and in what respect is the patient better off than if a portion of it had been left in the sac itself? There is also some danger in this case of inflammation of the cut end of the omentum, and Mr. Brodie mentioned one case in which an abscess formed in the omentum, at this part, immediately within the internal abdominal ring, and the patient died in consequence.

He, however, stated that he did not mean to condemn the excision of the omentum in all cases, but merely to express that it ought not to be done without a very sufficient reason; and that in cases where there is not a very large quantity of omentum in the hernia, but where it is extensively adherent to the surface of the sac, it is safer to leave it where it is found, than to cut off a portion of it, or to dissect through the adhesions. The success of this practice, in the two preceding cases, is certainly in its favour. The patients are left as well off as they were before the strangulation took place; and probably better, inasmuch as it is most likely that the omentum, after the operation, must have contracted adhesions to the neck of the hernial sac, making them less liable to a descent of the intestine.

GUY'S HOSPITAL.

Cases of Asphyxia.

ON Saturday, 16th instant, four individuals were received into the accident ward, and placed under the care of Mr. Morgan. They had, on Friday evening, shut themselves up in the fore-castle of a vessel, (which they had navigated to London,) and, contrary to the regula-

tions of the master, had made a fire. About six or seven o'clock the same evening some one of the crew accidentally placed a covering over the flue, and thus stopt the escape of smoke from the fire, which was made with a kind of coal containing much sulphur, and brought from Hull. Between six and seven in the morning of Saturday, one of the crew opening the hatches observed three of the inmates lying on the floor senseless, and frothing at the mouth, the fourth in his crib in a similar condition. The air in the place was most offensive. After the unfortunate persons were brought on deck, one of them, æt. 21, showed symptoms of recovery, and when brought to the hospital seemed only giddy, like a tipsy man. He shortly completely recovered. Another, æt. 40, after breathing oxygen gas, and having brandy and ammonia exhibited, scarcely showed any symptom towards resuscitation, and died in a few hours. A third, æt. 17, soon began to rally, (the same means being employed,) and after a few hours was perfectly enabled to answer any questions: he declared that he felt no pain, sense of oppression or weight, in either head or chest. The fourth, æt. 15, died at 4 A. M. on Sunday, having exhibited no symptom of rallying; he breathed oxygen gas, and had ammonia and brandy administered by the stomach pump; blood was taken from the jugular vein, and he was cupped on the temples. Friction was freely used, warm blankets applied, and fomentations of hot vinegar. Galvanism was proposed, but not had recourse to.

The appearance of the individuals was as follows: lips purple, countenance livid, surface of body cold, hands and nails purple; respiration very quick and short, pulse very small, quick, and feeble; pupils inobedient to light; total insensibility.

The man, æt. 40, was inspected about four hours after his decease. The membranes of the brain had an appearance of congestion, and a large quantity of fluid was accumulated under the tunica arachnoides. The sinuses were gorged with blood. The lungs were in a state of great congestion. The same appearance in the cavities of the right side of the heart. It was remarked that the corpse, in appearance, was similar to that of an executed culprit. The lad, æt. 15, was inspected about thirty-three hours after death. Under the pia mater was observed one small ecchymosed spot; in the sub-

stance of the brain more bloody points than usual; a small quantity of fluid under the arachnoid tunic; sinuses full of coagulated blood. The lungs showed no congestion. The small veins on heart and pericardium gorged with blood. Heart in a similar state to the man's æt. 40.

As the coal contained much sulphur, and always burnt with a bluish tinge, it is probable that a large quantity of sulphureous acid gas was contained in the mephitic vapour.

ST. THOMAS'S HOSPITAL.

Erysipelas.

EDWARD JACKSON, a smith, 40 years of age, of a bilious complexion, on the 27th of November struck the left hand with a heavy hammer, and lacerated the first phalanx of the middle finger, without much injuring the others. He went on working the following day, till considerable pain and swelling supervened. He applied, on the 29th November, as an out-patient, and was ordered six leeches and a linseed-meal poultice to the fingers. On the 30th November the swelling extended over the fore arm without any redness of the skin, and he began to feel very uneasy, complaining of chilliness, pain in his bowels, and sickness. He was ordered a dozen leeches to the arm, and to continue the poultice. Notwithstanding the instantaneous relief which he felt from the leeches, swelling, with considerable redness, appeared on the following day, extending over the fore arm, and accompanied with fever. On the 3d of December the inflammation had spread over the whole arm, and large vesicles had formed at the back of it. The leeches were repeated.

He was taken into the hospital on the 6th December, under the care of Mr. Travers: twenty-four leeches had been applied the preceding evening. The wound of the middle finger was then in a state of unhealthy suppuration, the hand and arm were not much swelled, and the skin, from the wrist to the shoulder, was of a dark red, deepest about the inside and middle of the arm, and yielding to pressure. There was no hardness, tension, or tenderness to the touch in the affected part, which, after the swelling had been reduced by the leeches, felt quite easy. The patient looked very pale, and complained of want of appetite and rest, headache,

and pains in his knees; his tongue was white, his pulse 70, very low and compressible. He was ordered a pill, containing

Subm. Hyd. gr. i. Antimon. Tart. gr. $\frac{1}{4}$ pulv. opii gr. $\frac{1}{4}$ to be taken every six hours. And Magnes. Sulph. \mathfrak{z} ss. Infus. rosar. \mathfrak{z} ii. to be taken in the morning. Lot. Plumb. dilut. brach. Catapl. lini ad manum.

Dec. 6th.—The redness of the arm, about the elbow, is less, but it is deeper on the shoulder, where the patient complains of darting pain. Delirious during the night, tongue white, no appetite, pulse 70, very low. Ordered

Ammon. Carb. gr. v. Infus. Cascar. \mathfrak{z} X Tinct. Humuli \mathfrak{z} ss. Syrup. Aurant. \mathfrak{z} ss. to be taken every three hours. Repet. Pil. Horâ somni.

Dec. 8th.—The erysipelas extends over almost the whole back, causing the patient great uneasiness when he lies down. A good night, no appetite, bowels open. He was ordered four ounces of port wine daily.

Dec. 9th.—The erysipelas has extended over the whole back, the right side of the chest, and the abdomen, as far as the linea alba, so as to make all motion and deep inspiration painful. The cuticle is peeling off from the shoulder. His tongue is cleaner, his appetite better, and he rests well. The pulse is still weak, but stronger than it was.

Dec. 13th.—The erysipelas has extended over the whole of the right hip and buttock. The cuticle is peeling off on the back. The wound of the finger is in a state of healthy suppuration. The cold lotion was discontinued yesterday.

Dec. 15th.—The erysipelas has not spread any farther, and the cuticle begins to peel off on the buttock; convalescent.

On the above case our reporter makes the following remarks:—

This case, which by the preceding febrile excitement and derangement of the alimentary organs, and the nature of the local complaint, evinced itself to be one of idiopathic erysipelas, supervening on a wound of the hand, seems the more worthy of notice, as it not only afforded a singular example of the erratic nature of the disease, but at the same time gave very striking evidence how useless is the employment of leeches in true idiopathic erysipelas. Fifty-four leeches, which reduced the patient to a state of the greatest depletion, were in vain employed to check the progress of

a disease, which, not being local, certainly cannot be cured by local remedies alone. Like the exanthemata, it will run its course, and cannot be suppressed without danger to the patient. We will venture to say, that if no leeches had been employed, and if, instead of cold applications, warm cloths had been applied to the part, and due attention paid to the state of the bowels in the first instance, the local inflammation would have terminated at the place which it first attacked, without spreading farther. The local inflammation in idiopathic erysipelas is a very harmless disease, as long as it only affects the skin, always terminating in resolution, and not requiring any active local treatment, which can have no other effect than that of repelling the disease to a part where it may prove more injurious. The whole treatment ought to depend on the general state of the health, and be chiefly directed to the deranged state of the bowels.

The question whether erysipelas ought to be treated by incisions or by bark, can only have arisen from the confounding two very different diseases.

The idiopathic certainly never requires incisions, however advantageous they may be in the phlegmonous; and bark has certainly no specific influence over the local complaint, though the constitutional symptoms may require the exhibition of tonics in either species.

The harm which must, doubtless, result from not distinguishing such very different diseases would justify the adoption of the term Pseudo-Erysipelas (proposed by Professor Rust, of Berlin, and now generally employed in Germany) for all those kinds of erysipelatous inflammation which are not true idiopathic erysipelas, as the phlegmonodes, that arising from the irritation of foreign bodies, from wounds, from the stings of insects, &c. and applying the name of erysipelas merely to that inflammation of the skin which is produced by derangement of the alimentary organs, and which runs its regular course like scarlatina or measles. This would certainly be one step towards a more general distinction of diseases which require a very different treatment.

MIDDLESEX HOSPITAL.

Compound Fracture of the Leg—Simple Fracture of the Thigh—Amputation.

Dec. 22d.—Daniel Fickling, æt. 27, a

private in the coldstream guards, was brought to the hospital last night, having a compound fracture of the leg, and a simple fracture of the thigh. He had been drinking, and fell in the street under the wheel of a loaded waggon. The wheel seemed to have passed over the leg, but it was not clear how the thigh had been broken. The tibia protruded through a wound in the integuments. The thigh bone was broken in two places, *viz.* in the middle and near the trochanter minor. The man was in a state of insensibility: he uttered some drunken imprecations whilst the house-surgeon was laying out his limb, but after this he fell into a state of stupor, from which he could not be easily roused. Upon the arrival of the surgeons a consultation was held; they decided that amputation was necessary, and that it should be performed above the fracture of the thigh. As there was no hemorrhage, they thought it proper to delay the operation till next morning, when he should be recovered from his intoxication.

Half past nine, A. M., the operation was planned, in the expectation that it would be necessary to dissect out the bone from near the trochanter, and, therefore, that the tourniquet must be taken off before using the saw. The thigh was very large and muscular.

The tourniquet was put on close to the hip, and, besides, an assistant compressed the artery at the groin. A fillet was also put round the thigh, and tied firmly below where it was intended to make the incision. This, we understood to be for the purpose of stopping the free return of blood which takes place through the anastomosing vessels in this mode of operating. The surgeon, (Mr. Bell,) began by making an oblique incision upon the forepart of the thigh. This cut across the femoral artery, and it was seized with the tenaculum, which was thrust through both its sides. Notwithstanding the pressure at the groin, and the application of the tourniquet, the blood spouted in jets from the artery, which, however, was stopped by taking it between the finger and thumb; after the artery was secured, the profunda lying near it was also tied. The surgeon then took the amputating knife, and swept it round on the inside, cutting to the bone; thus completing the circular incision which he had begun. Another flap was made on the outside of the thigh; these being held

back were seen to be bleeding profusely, some of the arteries were therefore taken up before proceeding farther: the muscles were then dissected from the bone, and the flesh pushed up by the assistance of the split cloth: the bone was then sawn through above the fracture, and several more vessels were tied. The stump was of great extent, and the great mass of limb cut off pretty clearly marks the danger of the patient.

At the visit of the surgeons, three hours afterwards, the patient complained of sickness. There was an oozing from the stump, but to no excess.

In the evening the dressings were found quite dry: he complained of pain in his belly, and was slightly delirious: he was bled to sixteen ounces, and had a dose of calomel and antimony.

24th.—His skin is quite moist, his tongue clean, and his pulse soft: bowels have been freely evacuated.

26th.—This man's mind is perfectly calm, his breathing natural, his skin soft; and although the pulse is quick, yet it is no more than is to be expected from so large a wound, and good hopes are entertained of him. Yesterday the dressings were undone, and some of the straps taken off, when adhesion appeared to have taken place in the upper part of the flaps: to-day the whole was exposed and dressed, and looks well.

PROCEEDINGS OF SOCIETIES.

WESTMINSTER MEDICAL SOCIETY.

December 15.

THIS evening was devoted to miscellaneous discussion. A case of Colica Pictonum was related by Mr. Duncan, attended with tenderness of the abdomen and tenesmus, which proved fatal, and in which no morbid appearances were found after death, except two or three small red spots on the inner surface of the stomach.

Dr. Barry thought the symptoms were more indicative of the poison of arsenic than of lead. He mentioned, that all the cases of painters' colic, occurring in Paris, were brought to La Charité, which enjoys a kind of hereditary reputation for the cure of this disease. The treatment adopted consists in emetics, followed by purgatives and narcotics.

Dr. Ayre stated that he had seen a great deal of the Colica Pictonum at a

public institution to which he was formerly attached. He looked upon the paralysis of the fore-arm as an affection nearly peculiar to painters, occurring very rarely in others who suffered from lead: he expressed a very unfavourable opinion of bleeding, and recommended calomel and opium in full doses. He stated, that, out of 200 persons who had suffered from the disease, he had never known one who became a parent.

EXTRACTS FROM JOURNALS, *Foreign and Domestic.*

REGENERATION OF NERVES.

M. PREVOST took five young cats; he divided the left pneumogastric nerve in each of them, and removed a portion of it about six millimetres in length. None of them appeared to suffer from the operation, and the wounds healed rapidly. At the end of a month the right pneumogastric nerve was divided in one of them: the animal appeared to suffer, gaping frequently, and crying in a hoarse voice. The respiration became embarrassed, and was performed at increasing intervals, and at the end of fifteen hours the animal died. The two ends of the nerve which had been cut a month before, were found united by a whitish tissue, resembling thickened neurilema, but which, it would appear, was incapable of transmitting nervous influence. At the end of the second month, the right pneumogastric nerve was divided in another of the cats—when death took place under similar circumstances, but not till the end of thirty-six hours; the left pneumogastric nerve had its extremities connected by the substance above described. In two months more the same operation was practised upon a third of the cats, and which was now, therefore, four months old; he was but little affected, and in three days was all alive again, (*plein de vie.*) M. Prevost then divided, in the same manner, the right pneumogastric of the fourth cat, (the fifth had been destroyed by an accident,) and the result was the same as that just mentioned. At the end of fifteen days, the cats being then quite well, the right pneumogastric was again divided in one of them, immediately above the place of its former division: the operation produced no effect on the respiration. After thirty-six hours, the nerve on the left side was

cut higher up than its former division: the animal died in thirty hours, just as if both nerves had been simultaneously divided. In dissecting the trunks of the nerves, M. Prevost found the two extremities of the left pneumogastric united together by a hard white substance, on which the neurilema appeared thickened. After having removed this neurilema, and pressed the remainder between two plates of glass, he perceived, with the assistance of a microscope, that the fibres of the superior nervous trunk prolonged themselves into the inferior one through the intervening substance, thus indicating the restoration of the tissue in its continuity: these fibres were not found in the recent cicatrix. The same experiment upon the other cat which remained, afforded precisely similar results. From these premises M. Prevost draws the following conclusions:—

1. When a nerve is divided, it is not sufficient for the restoration of its function, that the two divided portions be united by the interposition of whitish cellular membrane.

2. It is necessary that nervous fibres be sent through this from the upper to the lower portion of the nerve.

3. This prolongation appears only to take place after some time. The prolonged fibres had not acquired a regular juxtaposition, as in a continuous nerve, but were separated, as if they had made their way with difficulty through the interposed substance.

METHOD OF PROCURING ANIMALS OF EITHER SEX AT WILL.

SOME of our readers may perhaps be aware, that M. C. Garou de Buzareingues published, in the years 1825 and 1826, some experiments relative to the reproduction of several domestic animals, and more particularly of sheep. In a late Number of *Majendie's Journal of Physiology*, M. Garou has resumed this subject, and has related the result of two series of experiments made with two separate flocks of sheep. In addition to these statements, there are many observations on the same subject, as applied to the mare and cow; but the papers are, in their original state, much too long for insertion. The following epitome will, we believe, be found to contain all the facts which are necessary to be known. The author begins by stat-

ing, that at a Meeting of the Agricultural Committee at Severac, in July, 1826, he proposed to make the following experiment with the flocks of two of the members of the Association. A flock of sheep was to be divided into two equal portions, and a smaller or greater number of male or female lambs were to be produced, at the will of the proprietor, in each of these divisions. The plan adopted by our author, in order to insure this result, was, to employ very young rams in that division of the flock from which it was desired to obtain females; and strong and vigorous rams, of four or five years of age, in that from which males were to be produced. The first division was also recommended to have a more abundant supply of food, and more repose than usual, during the period of impregnation. The following Table will show the effect of the first experiment made in the year 1827:—

Age of the Mothers.	Sex of the Lambs.	
	Males.	Females.
2 years	14	26
3 years	16	29
4 years	5	21
5 years and upwards	18	8
	—	—
Total .	55	84

AT THE FARM OF FAVARS.		
2 years	7	3
3 years	15	14
4 years	33	14
5 years and upwards	25	24
	—	—
Total .	80	55

The other experiment is thus related:—Towards the end of October, 1826, a flock of 106 sheep were divided into two sections of forty-two each, one containing the strongest ewes, of four and five years of age; the second, consisting of the weakest, either less than four, or more than five years old; the first section was intended to produce a greater number of females than the second; and after having been marked, and placed in an excellent pasturage, four rams, of about 10 months old, were turned into them. The other section remained at Bez, and received two strong rams, each aged more than three years. The remainder of the flock, making up the number of 106, belonged to the shepherds; they are generally stronger and better nourished than the

rest, and these, forming a third section, were placed under circumstances similar to the second.

The result of the lambing was thus:		
	Males.	Females.
1st Section	15	25
2nd Section	26	14
3rd Section	10	12
There were four double births; two of which, in the 1st Section, produced .		4
The two others, belonging to the 2nd and 3rd Sections, produced	3	1

It is to be remarked, that the lambs proceeding from the section in which the young rams were employed, were in all respects as fine as those begotten by the older and stronger rams.

In connexion with this part of the subject, we find, in another part of our author's communication, a remark of some importance, which we shall insert. In the year 1825, twenty ewes, which had not borne for two years, received the ram clandestinely in the beginning of the winter; they were almost all of them remarkably fat; they produced sixteen females and four males. Among the number of these ewes were two old ones, which had been put up to fatten in 1824, but could not be sold because they were not in sufficiently good condition: these gave one male and one female.

M. Garou next carries his inquiries to the reproductive power in the mare and cow. Respecting the first of these animals, he observes, that wishing to obtain more female than male colts in the year 1824, he fed his brood mares very luxuriantly on fresh food; that he chose for propagation only such as had not been foaled or even nourished by the mother the preceding year; and he did not give them the stallion until they gave evident signs of being in heat. Five mares, so chosen, produced five female colts; and by following the same method, out of thirteen colts foaled that year, eleven were females; and one of the two males was the product of an old mare. He remarks, that some mares of a remarkably vigorous appetite always bring forth females; whilst those of delicate health, as constantly produce males. The same remarks apply to the cow; but we have not room for further extracts. In the dog, our

author mentions one remarkable fact, which we shall give in his own words :

“ In the year 1807, a setter bitch was crushed by a heavy blow received upon the spinal column, during the act of coition. She was paralytic in the hinder limbs for several days afterwards ; nevertheless, she brought forth seven or eight puppies, all of which, excepting one that resembled the father, had their hinder limbs either weak, defective, or ill-formed, so much so, that they were all drowned as useless, excepting the one which did not appear to suffer from the blow received by the mother.”

NEW PLANT WHICH SUPPLIES WATER.

A SHRUB has been discovered in our new Indian territories, from whose stem, when divided, there issues a copious vegetable spring of limpid and wholesome water. The natives know this well, and hence we rarely meet with an entire plant. It is a powerful climber, and is quite new and non-descript.

VOMITING DURING PREGNANCY.

M. DANCE has written a short memoir, the object of which is to investigate the causes of the vomiting in early stages of gestation, and the most effectual method of treatment. The conclusions at which he arrives, are, that the cause of the symptom is to be found in the too great activity in the functions of the uterus and membranes, giving rise to a species of inflammation ; and therefore that antiphlogistic remedies, applied in the neighbourhood of the uterus, are the most eligible. He relates two cases. In the former, the vomiting was obstinate, and proved fatal at the end of three months. The patient was found to have been about three and a half months advanced in pregnancy, and there was unequivocal inflammation of the decidua, but no disease of the stomach. In the second, vomiting came on at the commencement of the pregnancy, and the patient died at the end of three months and a half. The walls of the uterus were attenuated and softened, its texture gorged with blood, as were the decidua : there was very little appearance of disease in the stomach. The hint is worth attending to, but the data insufficient for any satisfactory inference.

MEMBRANEOUS EXPANSION UNITING THE FINGERS.

A WOMAN consulted M. Dupuytren about

her child on account of the following malformation. The toes of either foot were united by skin, beneath which the phalanges could be distinctly felt ; the feet and legs were in other respects well formed. The same deformity existed in the hands ; the fingers being united, and slightly bent so as to bring their points on a level with that of the thumb. The child, when first brought, was only ten days old, which M. Dupuytren considering too early an age to undergo an operation, directed the mother to return in two years. He then made incisions between each toe and each finger, by which means the use of the parts was perfectly acquired.

SUPERNUMERARY FINGERS.

A CHILD seventeen months old was lately brought to the Hôtel Dieu, in Paris, having six fingers on the right hand. The supernumerary member was situated on the radial side, and a little behind the metacarpo-phalangean articulation of the thumb : it had but slight power of motion, and was removed by an operation. On examination, a kind of joint was perceptible, which united this finger to the hand ; but it had neither ligaments nor synovial membrane, and the bulb of the adventitious member was found to consist of a kind of fibrocartilage, covered with cellular membrane and skin.

Some years ago, one of the German Journals contained an account of two families, the members of which had each a sixth finger and toe. A child was born in one of these families without the usual number of fingers and toes, upon which the husband entered a suit against his wife for adultery, alleging the absence of the family peculiarity as a proof of her guilt : this being the only evidence adduced, was regarded as insufficient to establish his plea.

SECALE CORNUTUM.

It is more than probable that the conflicting opinions which have been given by various practitioners respecting the powers of this substance, arise from its having been gathered at an improper time. It appears, from the inquiries of M. Leveillé, that the active principle of the secale cornutum consists in an unctuous, yellow fluid, which is thrown out from a small fungus upon an unripe ovum, and which dries upon it. If heavy rains happen to fall at the time this juice is

formed, it is washed away with the fungoid excrescence; and if the ergot be then gathered, it will be found perfectly inactive. If, on the contrary, the weather is remarkably dry, the juice becomes hardened from want of sufficient moisture, and falls off. The *secale cornutum* then should be collected before the corn is cut, and at a time when the weather may be considered favourable for the preservation of the active matter, upon which depends the efficiency of this valuable addition to our list of remedies.

EXPULSION OF THE PLACENTA AFTER ABORTION.

DR. PROST, of Vienna, relates a case in which the placenta was expelled eight months after miscarriage had taken place. In another instance the placenta did not come away until one hundred and three days after abortion. Mauriceau, Morgagni, Bonnet, &c., have recorded similar cases. Prost infers, then, that it is more judicious to leave the separation of the placenta to nature, than to use any violent means for its removal during the early months of pregnancy, when abortion takes place. If, however, considerable hemorrhage follows the miscarriage, it may be inferred that the placenta is separated from the uterus, and then it may in most cases be removed without difficulty.

RUPTURE OF THE UTERUS.

Two cases of this accident have lately been recorded in the *Repert. Med. Chir. di Torino*. In the first, the woman had reached the sixth month of pregnancy without any unusual symptom. Violent pains occurred at that period, and she suddenly vomited, became faint, and complained of a sense of distension of the abdomen. The practitioner being convinced that rupture of the womb had taken place, performed the operation of gastrotomy two hours after the accident. The contents of the uterus were removed, and in fourteen days the patient recovered.

In the second case, rupture of the uterus and rectum occurred; the foetus was expelled by the anus, and the woman recovered completely in seven days. It is important that the accoucheur should not lose sight of these occasional escapes from so severe an accident, or hastily give a *decidedly* unfavourable prognosis when it appears the patient

has yet a chance of recovery.—We refer our readers to some cases of this accident in the thirteenth volume of the *Medico - Chirurgical Transactions*.—See *Medical Gazette*, Dec. 8th.

CÆSARIAN OPERATION.

THIS formidable operation has lately been successfully performed at Florence, in a case of deformity of the pelvis. For the first week after the operation, the patient suffered from fever, vomiting, and head-ache. The abdomen was also excessively tender to the touch, and tympanitic. By appropriate treatment, however, these symptoms gradually abated. In a fortnight the ligatures were carefully removed from the wound, and bandages were applied round the body. The patient left the hospital perfectly well thirty days after the operation.

EXTRACTS FROM THE PORTFOLIO OF A READING DOCTOR.

JOHN FOY VAILLANT, better known as a medallist than as a physician, like most collectors was enthusiastic in the pursuit; and is reported to have swallowed six ounces of medals to secure them from the Algerines, when once in danger of being captured. The wind however shifting in his favour, he got safely on shore, when, beginning to be incommoded by his indigestible curiosities, he consulted two physicians, who were puzzled by the singularity of his case. Nature relieved him from time to time; and, as he found himself in possession of his treasures, he explained with much pleasure to his friends such as had already arrived, as well as those he daily expected. A valuable Otho was the last that came to hand.

BRICK TEA.

THE Mongols, and most of the Nomadic tribes of Middle Asia, make use of this tea; it serves them both for food and drink. The Chinese carry on a great trade in it, but never drink it themselves. In the tea manufactories, which are for the most part in the Chinese government of Fokien, the dry, dirty, and damaged leaves and stalks of the tea are thrown aside; they are then mixed with a glutinous substance, pressed into moulds, and dried in ovens. These blocks are called by the Russians, on account of the shape, *brick tea*. The

Mongols, the Bowriats, the inhabitants of Siberia beyond Lake Baikal, and the Kalmucks, take a piece of this tea, pound it in a mortar made on purpose, and throw the powder into a cast-iron vessel full of boiling water, which they suffer to stand a long time upon the fire; adding a little salt and milk, and sometimes mixing flour fried in oil. The tea, or broth, is known by the name of Satouran. It is very nourishing.

WANDERING LUNATICS.

BEFORE a philanthropic spirit had provided a receptacle for lunatics, they were suffered to wander and levy contributions by moving compassion or exciting alarm. By the considerate of the lower classes, they were generally relieved: but when their hallucinations were afloat, they exhibited their ridiculous antics, and became the mischievous sport of the younger of both sexes, so that they were hooted and chased from the village: and when their importunities were bolder, or they committed depredations, they fell under the serious displeasure of the magistrate, and were "whipt from tything to tything, and stocked, punished, and imprisoned."

Although these wretched persons received the means of subsistence from private charity, yet they were interdicted from all intercourse with society: like lepers, they were kept at arm's length; the morsel that supported nature was cast them as to a dog; and, by permission, they reposed in out-houses, deserted hovels, or the stalls of cattle. These interdictions, the result of fear, disgust, or contempt, fortunately prevented the malady from descending to posterity.

This scant benevolence, extended to the real victims of intellectual calamity, soon created a swarm of impostors, who ranged in all directions, counterfeiting this severe affliction, and prostituting intellect, the fairest gift of heaven, to excite charity by the simulation of madness. They pretended to have been discharged as incurables from Bedlam, or as being under cure, and exhibited a brazen badge fastened round the arm, with an inscription purporting that they belonged to that hospital, and were proper objects of compassion and relief.

Randle Holme, in his academy of arms and blazons, describes these impostors:—"The bedlam is in the same

garb, with a long staff, and a cow or ox horn by his side; but his clothing is more fantastick and ridiculous; for being a madman, he is madly decked and dressed all over with ribands, feathers, cuttings of cloth, and what not, to make him seem a madman or one distracted, when he is no more than a dissembling knave."

In Decker's *Bellman of London*, is another account of these wanderers:—"He swears he hath been in Bedlam, and will talke fantastically of purpose; you see pinnes stuck in sundry places of his naked flesh, especially in his armes, which paine he gladly puts himselie to, only to make you believe he is out of his wits.—He calls himself by the name of 'Poore Tom,' and coming near any body, cries, 'Poore Tom is a-cold—'"

Aubrey, in his MS. remains of *Gentilisme and Judaisme*, says, "Before the civil wars, I remember Tom a Bedlams went about begging;—they had been such as had been in Bedlam, and come to some degree of sobernesse, and when they were licensed to go out, they had on their left arme an armilla of tinne printed about three inches breadth, which was sodered on."

So considerable was the inconvenience created by this profligate system of mendicity, and so greatly had the impostors augmented, that the deception was publicly exposed in the *London Gazette*, in the year 1675.

"Whereas several vagrant persons do wander about the City of London and countries, pretending themselves to be Lunatics, under cure in the hospital of Bethlem, commonly called Bedlam, with brass plates about their arms, and inscriptions thereon; These are to give notice, that there is no such liberty given to any patients kept in the said hospital for their cure, neither is any such plate, as a distinction, or mark, put upon any lunatic during their being kept there, or when discharged thence; and that the same is a false pretence to colour their wandering and begging, and to deceive the people, to the dishonour of the government of that hospital."

EXTRACTS FROM DR. BLUNDELL'S LECTURES ON MIDWIFERY.

See *Lancet*, Dec. 20, 1827.

1.

That rude midwifery is a bloody idol.

Floodings, tremendous lacerations, inversions of the uterus, like those which

now stand on the table before you—such are the effects of obstetric violence—ferocious and atrocious obstetric violence; that insatiate and gory Moloch, before whose bloody shrine so many thousands have been sacrificed, to be succeeded, in future years, by still more numerous victims.

2.

That the placenta is to be seduced.

Do not haul out the placenta; do not jerk out the placenta; do not tear out the placenta, leaving, unobserved, one half of it in the cavity of the uterus. Do not lacerate and leave the membranes to form afterwards a receptacle for clots, or to alarm the patient by their unexpected appearance; *arte, non vi*, must as usual be your device; lead, coax, seduce.

3.

Do not go away and leave a second child behind.

I am afraid that some one here present, notwithstanding the cautions of the morning, will hereafter heedlessly remove the placenta when there is another foetus in the uterus. He smiles—he bows—he retires—another child is born—which of you all means to signalize himself by this dangerous folly?

4

That by removing the placenta, asleep, you may invert the uterus.

Practitioners have sometimes unconsciously inverted the uterus, leaving it in that condition, an accident which can never happen to you, provided you forbear to remove the placenta till the womb be contracted. You may, however, drowse sometimes at the bed side, as on these benches, and, in these torpid and forgetful moments, carelessly abstracting the placenta, inversion may occur.

5.

An accoucheur's atrocious member.

Depend upon it, if you do carry your hand into the uterus on every occasion to get away the placenta, some woman will die at last, and die the victim of your mismanagement; at this moment, perhaps, some amiable but ill-fated creature blooms the light and life of her admiring circle, who must hereafter fall an untimely sacrifice to some cruel and ruthless arm now drowsily crossed in this theatre—which of you is the owner of this atrocious member?

6.

Three places where the atrocious member must not be put.

Do not needlessly thrust the hand into

the uterus; that is the voice that issues from this preparation:—he that has ears to hear, let him hear it!

Do not needlessly thrust the hands into the vagina; is the voice that issues from this preparation:—he that has ears to hear, let him hear it!!

Do not needlessly pass the hand into the genital fissure; is the voice that issues from this preparation:—he that has ears to hear, let him hear it!!! Ah! that violence of an ignorant and savage hand! After examining these preparations, tell me, is it too much to assert, that in obstetrics, a thrust of the hand is more dreadful than a thrust of the bayonet? Could the field of Waterloo exhibit injuries more dreadful than these.

BLUMENBACH'S MANUAL OF NATURAL HISTORY.

(Continued.)

Page 72. *Sloth.*

Blumenbach had conversed with many Hollanders who had lived in Guiana, and from them collected, that this apparently miserable animal is rather an enviable one. First, he nourishes himself entirely from leaves, and, therefore, when he has once climbed a tree, he can live on the same dish for a quarter of a year. Secondly, he does not drink at all. Thirdly, on a tree he is exposed to but few enemies, and when the sloth marks that a tiger-cat is climbing up a tree, it goes softly to the end of the branch, and rocks it till the tiger-cat falls off, so that seldom is there an instance that a tiger-cat surprises one: even upon the ground so powerful are the claws of the sloth, and so fearful its cries, that the tiger-cat generally gets the worst. So idle is Buffon's declamation against the goodness and wisdom of nature drawn from this beast.

Page 75. (*Bats*) *Vespertilio Caninus.*

The trees in New Holland are covered with these flying dogs, almost to breaking, so that in a wood, of a mile in diameter, it has been calculated that there were above twenty thousand of these animals. Blumenbach exposed the weakness of Spallanzani's supposition, that bats have a sixth sense, and adequately explained his experiments by a peculiar fineness of the sense of feeling, which, in kind, though not in degree, we all possess, as may be perceived if you shut your eyes, and draw your hand gradually near to a wall. So will you perceive a changed atmosphere.

Page 77. *The Rat.*

The ancients were unacquainted with our rat. When, therefore, we translate a rat by *glis*, we do our rat too much honour. Blumenbach saw the rat from the Friendly Islands. Rats are troublesome and dangerous both to the savages and sailors, yet they have frequently, in times of hunger, furnished food, and preserved life. So it was in Pizarro's fleet, after it was tempest-scattered. Rats sometimes crowd together in winter, twist their tails together like guts, which swell and inflame, and present a curious spectacle.

Page 97. *The Marmot.*

These beasts, in the strictest sense, make hay; they bite off the grass, turn it, and dry it in the sun. It is reported that they use an old she marmot as a cart. She lies on her back, the hay is heaped on her belly, and two others drag her home.

Page 89. *Hamster.*

Blumenbach calculates that in two years six thousand hamsters can do injury to the amount of sixteen hundred dollars. They multiply so fast, that one pair can in three years have a posterity of seven thousand five hundred.

Page 82. *The Hare.*

The rumination of these animals has been much controverted, and even lately some naturalists have contended that it is only an apparent rumination; but Blumenbach, after repeated observation and experiments, having opened them some hours after they have eaten food, is thoroughly convinced that they truly and actually ruminate. At _____, in the Tyrol, the Count Von _____ had in his collection a horned hare, which was shot in the Grafschafft Ortenburg, in Bavaria.

Page 84. *The Beaver.*

In Salzburg, beavers are found, and to prevent their extermination it is forbidden by the Archbishop of Salzburg, under a heavy penalty, to shoot them. In fast time, however, they are shot, because living in water they pass for fish: the Catholics thus playing bo-peep with their consciences. Beavers, when solitary, build sorry little huts, but in society really wonderful structures. In this they resemble man; and in this, too, that they appear not born in society, but to adopt it, too, from perception of its utility.

(To be continued.)

EPITAPH ON DR. KITCHENER, OR DR. KITCHEN, AS HE WAS COMMONLY CALLED. BY DR. BACON.

"Il passa sa vie à fournir des repas, et il en fournit encore."

Kitchen lies here (for so his name I found).—
I see death keeps his Kitchen under ground:—
And the poor worms (that flesh of late did eat,)
Devour their Kitchen now for want of meat.

ANOTHER. BY DR. COOK.

If Kitchen physic, men with justice prize,—
Here lies the physic of the good and wise.
Kitchen, who often times in merry mood,
Discours'd alike on physic and on food;
Till Death one day, with cruel envy looking,
Borrowed our Kitchen for his private cooking.

LITERARY ANNOUNCEMENTS.

Mr. Grainger is about to publish *The Elements of General Anatomy*, in 1 vol. 8vo.

Mr. Dermott has nearly ready for publication, No. IV. of his *Anatomical Plates*, comprising the *Anatomy of the Abdominal Muscles* and the *Parts immediately connected with Inguinal Hernia*.

Mr. Litchfield, F.L.S., Surgeon, has in the press a work entitled *First Steps to the Study of the Healing Art*.

Dr. Clanny has in the press a *Lecture* lately delivered at the *Sunderland Infirmary*, on the *Proximate Cause and certain Method of Cure of Typhus Fever*.

BOOKS RECEIVED.

Mr. Cooke's "*Remarks on a recent Effort to subvert the Charter of the R.C. of Surgeons.*"

NOTICES.

The paper from Dover cannot be published with the condition mentioned at the end of the letter.

The Letter of "*A Medical Student*" will appear in a future Number.

We shall inquire into the circumstances complained of by "*A Member of Thirty Years' Standing.*"

The continuation of the "*Country Surgeon's*" paper has come to hand.

Malaria, in a future Number.

The proposed *Petition of the Physicians* has been transmitted to us.—Our politics on this, as on other subjects, are *liberal*, not *radical*.

Communications have been received from Mr. Bell, Mr. Brodie, Mr. Keate, Mr. Travers, Mr. Earle, and Mr. Else.

Our readers will perceive that we have given 32 pages in the present Number; a circumstance which, combined with the *holidays*, has rendered us rather later than we could have wished. Hereafter the *Gazette* will be out on Friday afternoon.

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[Vol. I.

OBSERVATIONS

ON THE

DISEASES OF THE URETHRA, BLADDER, AND PROSTATE GLAND.

BY B. C. BRODIE, F.R.S.

As delivered by him in his Surgical Lectures.

DIAGNOSIS OF STRICTURE.

I SHALL now suppose that a patient applies to you, believing that he has a stricture of the urethra. Perhaps you find, on inquiry, that the symptoms are equivocal, and you require something more than a mere knowledge of them, to enable you to determine whether a stricture does or does not exist: or it may be, that the symptoms are so distinct and well marked, that you can have no doubt of the existence of a stricture; still, you wish to know in what part of the urethra it is situated, and what is the degree of contraction. The knowledge that is required in either case is to be obtained by the examination of the urethra with a bougie, or some instrument corresponding to it.

The best kind of bougie is the common one, that made of plaster spread on linen, and rolled up. It should be smooth on the surface and neatly rounded at the extremity. The plaster bougie should be rubbed with the hand until it is made warm, and then bent into the form of the urethra. Thus bent it is much to be preferred to the elastic bougie, which is made of elastic gum on the outside, but of catgut on the inside. This last kind of bougie may, it is true, be bent into any form; but it is elastic, and however you may bend it, it always has a tendency to regain its straight figure: and hence it is not well constructed for being passed along the curved canal of the urethra. The bougie

which you use for the purpose of examining the urethra should be of a full size, that is, large enough to fill the urethra without stretching it. A small bougie may deceive you in two ways. The point of it may pass through a stricture, and thus lead you to think there is no stricture when there really is one. The point of it is also liable to be entangled in the orifice of one of the mucous follicles of the urethra, or in some accidental irregularity of that canal, thus leading you to believe that there is a stricture when there is none. If you use a bougie of the size of the urethra you are not at all liable to the first error, and you are much less liable to the second. The bougie should be cylindrical. There is no advantage in any, except a small bougie, being conical. A conical bougie, becoming larger towards that part which is held in the hand, is likely to extend forcibly the orifice of the urethra, and to excite inflammation in it. I generally find it best to introduce the bougie with the patient standing, keeping the extremity of it, which you hold in your right hand, close to his groin, and passing it until it will go no further in this direction: then you are to turn the instrument, bringing it horizontally forwards, and push it gently towards the bladder. If the patient has well-marked symptoms of stricture, and the bougie meets with an obstruction in some part of the urethra, you may, with good reason, consider this as sufficient to indicate the existence and situation of the disease. If, however, the patient has no such well-marked symptoms, you should not advance at once to the conclusion that there is a stricture because the bougie does not immediately enter the bladder. There may be some accidental irregularity in the urethra, in which the extremity even of a large bougie may be as it were entangled: or, if

the surgeon is rough and clumsy in the use of the bougie, a spasm may be induced in the membranous part of the urethra, or (which is more probable) in the muscle surrounding it, preventing the bougie from being passed, although no such obstruction exists at other times. Under these circumstances you should introduce a silver catheter, or a metallic sound, having a moderate curve: and, probably, if there be no stricture the metallic instrument will be readily introduced, although the plaster bougie could not be introduced at all. In short, where there are no decided symptoms of stricture you ought not to adopt the opinion that a stricture exists, until you have examined the urethra very carefully, and with different kinds of instruments. Inattention to this important rule has led many patients to be subjected to a course of treatment for stricture who have never laboured under the disease. There is a fashion in diseases, as in many other matters; or, to speak more properly, there is a fashion in the opinions entertained as to the prevalence of particular diseases; and when the attention of the medical profession and the public has been especially directed to a certain order of cases, such cases are supposed to be much more common than they really are. A very few years ago it was so with the disease which we have now under our consideration. If a patient had a troublesome gleet; if he had an indurated testicle; if he had a priapism at night; if he had a too frequent inclination to empty the bladder; if he was impotent, or thought that he was impotent; or even had an herpetic eruption on the præpuce; these were not unfrequently regarded by himself, and by many surgeons, as a sufficient indication of his labouring under a stricture, and he was subjected immediately to the unnecessary use of bougies. The number of persons who, at this period, were supposed to have a stricture, and who really had no such disease, and many of whom had no disease at all, was even greater than that of the young females who, since then, have been the victims of another not less mischievous delusion. I allude to the cases of young ladies who have been confined to a sofa for some years, with caustic issues in the back or hip, under the impression that they had caries of the spine, or caries of the hip-joint, when, in reality, they have suffered only from hysterical pains and spasms, which

air and exercise would have cured; but which confinement and nursing, and the attendance of physicians and surgeons, have aggravated. Gentlemen, you will excuse me for dwelling on this subject, I am led to do so because I am anxious that none of you should fall into an error which is so injurious to society, and which would be so discreditable to yourselves.

TREATMENT OF STRICTURE.

It frequently happens that when first you are called to a patient with stricture of the urethra, it is on account of his labouring under a retention of urine in the bladder. At all events this, when it occurs, is the circumstance demanding your immediate attention; for here the patient is in a state of immediate danger, and you are to stand between him and destruction. Under these circumstances you have no time to pause, and deliberate, and consider. Your patient is suffering torture; he and his friends are in a state of the greatest possible anxiety and alarm: and, to use a vulgar expression, you must have your knowledge of the remedies to be employed at your fingers' ends, so as to admit of instant application.

You will observe that the causes of retention of urine are various. Stricture of the urethra is only one of them. The treatment which is applicable to retention arising from one cause, is not applicable to retention from another cause. The observations which I am now about to make, relate exclusively to retention of urine from stricture. I have heard it recommended, even by some practical surgeons, that in these cases you should bleed your patient, that you should direct him to be put into the warm bath, and to employ certain other means, before you attempt to relieve him by the introduction of a bougie, or catheter. This recommendation does not correspond with what my own experience would suggest. The cause of the retention is local, and in the greater number of cases you will succeed in enabling the patient to empty the bladder by mechanical means. The plan which I have found, on the whole, to be most successful is the following.

Begin by taking one of the very finest gum catheters, which has been kept for a considerable time on a curved iron wire, and which retains the curved form after the wire is withdrawn; introduce it without the wire, and, as it approaches

the stricture, turn the concavity of the catheter towards the pubes, elongating the penis at the same time by drawing it out as much as possible. It is not very improbable that it will pass the stricture, and enter the bladder. The urine flows through it in a fine stream, and the patient obtains immediate and complete relief.

If you fail with the small gum catheter, try, not a plaster, but a small catgut bougie. Let this be well made, that is, firmly twisted, nicely rounded at the extremity, and every where well polished. Observe the same rule of elongating the urethra as much as possible, and it will probably enter the stricture. It is not necessary that the catgut bougie should pass on to the bladder: it is sufficient if the stricture grasps or holds it. Let it remain in the stricture until there is a violent impulse to make water. Then withdraw the bougie, and the urine will follow it in a small stream. If the patient empties the bladder, the object is attained; but, otherwise, reintroduce the catgut bougie, or rather introduce another of the same size: for a catgut bougie which has been once used is not fit to be employed a second time. Let the patient retain this second bougie as long as he can. If the straight catgut bougie cannot be passed, you will often succeed in effecting its introduction by bending the point of it thus



This contrivance enables you to keep the point against the upper surface of the urethra, avoiding the lower part, in which the obstruction is always most perceptible, and in which the bougie is most likely to become as it were entangled.

There are some cases in which a silver catheter, of a moderate size, may be passed, even although the small gum catheter, or catgut bougie, have failed. These are chiefly cases in which there is no very considerable degree of permanent contraction, and in which the patient makes water in a tolerably good stream, in the intervals between the attacks of retention. Such cases are especially, but not exclusively, those in which the stricture may be regarded as a secondary disease, depending on the presence of sand or gravel in the urine, or arising from the sympathy of the

urethra with some disease in the bladder or kidneys. The common silver catheter is not so well adapted for these occasions as that which I now show you: which, you perceive, is considerably shorter, and less curved. You will observe, also, that the tube of the catheter is fixed in a wooden handle, which renders it much more manageable than it would otherwise be.* In using the silver catheter, the best way is to pass it down to the obstruction: having ascertained its exact situation, withdraw the catheter a little—half an inch, for example—and then, as you reintroduce it, keep the point of the instrument sliding along the upper part of the urethra, which is towards the pubes, avoiding the lower part, which of course is towards the perinæum. Be careful to employ no violence. You are to depend, not on force, but on the dexterous management of the instrument. Rough usage will only increase the tightness of the stricture, and will cause still greater mischief, if it leads to the catheter lacerating the membrane of the urethra, and penetrating into the surrounding cellular texture.

These directions may appear to you too minute and trivial. I should not, however, occupy your time by detailing them, did I not feel assured that you will find them of importance in practice.

Probably you will inquire, wherefore, in the class of cases in which there is a good chance of the silver catheter being passed, you should not try that instrument in the first instance, instead of beginning with a small gum catheter, or bougie. My answer is, that if you fail with either of the latter, you may still succeed with the silver catheter; but if you fail with the silver catheter, the stricture becomes so irritated, that there is scarcely any chance of your being able to pass a smaller and more flexible instrument.

In some cases, in which neither bougie nor catheter can be made to penetrate the stricture, you may succeed in giving your patient relief in the following manner. Pass a common plaster bougie of the size of the urethra down to the stricture. Keep it pressed against the stricture for several minutes; then withdraw it, and it not unfrequently happens, that the stricture becomes relaxed, so that a stream of urine follows the bougie.

* Catheters of this kind are made by Everill and Mason, in St. James's-street.

The remedy on which you are most to rely, where these mechanical means fail, is opium. From half a dram to a dram of laudanum may be given as a clyster in two or three ounces of thin starch. If this does not succeed, give opium by the mouth, and repeat the dose, if necessary, every hour until the patient can make water. According to my experience, the cases in which the stricture does not become relaxed under the use of opium, if administered freely, are comparatively rare. The first effect of the opium is to diminish the distress which the patient experiences from the distention of the bladder. Then the impulse to make water becomes less urgent; the paroxysms of straining are less severe and less frequent; and after the patient has been in this state of comparative ease for a short time, he begins to pass his water in small quantities at a time.

It is customary in these cases to employ the warm bath. It is indeed sometimes useful, but you can place no dependence on it as compared with opium. It is not sufficient that your patient should sit in a hip bath; the bath, to be at all efficient, must be complete; his whole person ought therefore to be immersed, and he should remain in it for half an hour, or an hour, or longer, unless he previously becomes faint. Bleeding from the arm is seldom required in cases of retention of urine from stricture: but, in some instances, even where other means have failed, taking blood from the perinæum, by cupping, gives immediate relief.

Purgatives require some time to produce their effect, and in most cases, at the time of your being called in, the symptoms are too urgent to admit of this delay. Where, however, a stricture is chiefly spasmodic, and the retention follows the too great use of fermented liquor or spirits, I would advise you, if you are sent for on the commencement of the attack, to prescribe a draught of infusion of senna with the tartrate of potass and tincture of jalap. As soon as this has fully operated, and the bowels are emptied, give thirty or forty drops of tincture of opium by the mouth, or order an opiate clyster to be administered, and, in all probability, the attack will subside.

After all, there is no absolute rule as to the treatment of retention of urine from stricture. One person is relieved in one way, another in another; and you

will do well in each case, to bear in mind the particular mode of treatment which has proved of service, in order that you may at once resort to it, if you are called a second time to the same patient, under the same circumstances. In one instance, you will be able to pass a catgut bougie, and not a catheter; in another, you will be able to pass a catheter, and not a catgut bougie. One individual is relieved by opium; another by the warm bath. A gentleman of my acquaintance, who was subject to attacks of this description for a considerable time, almost always began to make water after a pint of warm water was thrown up as a clyster. To show what various treatment is necessary, I am in the habit of mentioning the following case. A gentleman who had been long in hot climates, laboured under an old stricture of the urethra. He was able to pass a bougie for himself: and he did this at regular periods, and for a long time experienced little or no inconvenience from his disorder. One night, however, he was seized with retention of urine, and called me out of my bed in consequence. I introduced a gum catheter, which entered the bladder with perfect ease, and drew off his urine. He called me up another night, and another, and another still: and one night he called me up twice. At last, it occurred to me that he always sent for me on the alternate nights; and on inquiry, I found that the attack of retention regularly came on about twelve o'clock, and even though the catheter had entered the bladder, the spasm did not relax, so as to enable him to make water by his own efforts, until five or six in the morning. I determined then to treat the case as we do many other intermitting and periodical diseases; and I prescribed him the sulphate of quinine. The first night after he began to take it, he had an attack of retention; but he had no attack afterwards.

Now let us suppose a case in which you have tried all the methods which I have described, to no purpose. The bladder becomes more and more distended, the patient's sufferings go on from bad to worse. Are you to leave him to suffer and die? By no means. You may puncture the bladder itself;—you may make an opening into the urethra behind the stricture, and prevent the catastrophe which would otherwise be inevitable.

Four different operations may be re-

sorted to for the purpose of drawing off the urine when it cannot be voided through the natural passage. The bladder may be punctured above the pubes; or from the rectum; or from the perinæum; or the urethra itself may be punctured between the stricture and the prostate.

It is not my intention at present to describe the steps of these operations: but I shall nevertheless make a few observations respecting them. You may prefer one operation to the rest, but you will not be able in practice to resort to one exclusively. Your choice must be influenced by the peculiar circumstances of each individual case. If the patient be thin, and the bladder much distended, and very prominent in the abdomen, you may very safely puncture it above the pubes: but if the patient be corpulent and fat, this operation will be difficult; and if the bladder be contracted, it will be impracticable. If the bladder be much distended, and the prostate of its natural size, you may puncture it from the rectum; but if the bladder be contracted, or the prostate much enlarged, this operation will be at the same time troublesome and dangerous. The puncture of the bladder from the perinæum is so serious and severe an operation, that scarcely any surgeon of the present day (as far as I know) recommends it to be done, except in particular cases, where no other operation can well be performed. As to the puncture of the urethra between the stricture and the prostate, it is true that a surgeon who is quite conversant with the anatomy of the perinæum, if he proceeds carefully, will be able to accomplish it in a thin person; but a surgeon who has been living in the country, and who has had no opportunity of keeping up his knowledge of this part of anatomy, will not find it a very easy task to cut down on the membranous part of the urethra when neither sound nor catheter can be introduced into it to point out its situation; and in a fat person with a deep perinæum, I suspect that this operation will sometimes perplex even the best anatomist. On the whole, from what I have seen, I am inclined to recommend the operation of puncturing the bladder from the rectum: that is, in those cases where the bladder is much distended and the prostate healthy. The operation is simple, free from pain and danger. After the trocar is withdrawn, the canula may be

allowed to remain for the next day or two. By the time that the canula is removed, the sides of the wound will have become agglutinated, and it may, perhaps, continue as a fistulous communication between the bladder and rectum until the stricture is cured. At least this happened in one instance; and thus I was enabled to cure one of the most distressing cases of stricture which I ever had under my care. The patient was a middle-aged gentleman, who had laboured under stricture from his boyhood. The use of the bougie induced a secretion of ropy mucus in such quantity as to fill up the urethra, and to be in itself a material impediment to the passage of the urine. Often it occasioned a complete contraction of the urethra, and a retention of urine. In one of these attacks of retention, I punctured the bladder, from the rectum, and the wound, as I have mentioned, became fistulous. Now, whenever the stricture was more closed than usual, the bladder was relieved through the fistulous passage, and the urine came away by the rectum. The secretion of the ropy mucus ceased: there was no recurrence of the retention of urine. Nothing now interfered with the necessary operations on the urethra, and the dilatation of the stricture was easily accomplished. I have only two observations farther to offer respecting this operation of puncturing the bladder. It is, evidently, impossible to lay down any general rule as to the period beyond which it ought not to be delayed. You must exercise your own judgment, taking into consideration all the circumstances of the particular case before you. Sometimes there will be no reason for resorting to it until after the lapse of three or four days, and at other times it ought to be performed within thirty-six hours, or even sooner.

The other observation is, that however necessary it may be in some instances, it is nevertheless an operation that is very rarely required. Surgeons who see a great number of cases of retention of urine may be called on to perform it in a few instances. Those who perform it frequently must often perform it unnecessarily, at least, this is what I should say, judging from my own experience.

Where the urethra has given way behind the stricture, and the urine has become effused into the cellular texture, very prompt and vigorous measures are

necessary: delay is fatal to the patient. I remember the time when five out of six of those patients, in whom this mischief took place, perished. Now the great majority recover.

I have already mentioned, that the escape of the urine is followed by a relaxation of the stricture. You will, probably, now be able to introduce a catgut, or some other bougie, (a catgut is best,) through the stricture into the bladder. If you can do so, it is so much the better. Introduce the bougie; let the patient be held in the position in which you would place him for lithotomy; make an incision in the perinæum; feel for the catgut bougie, cut on it, and of course you make an opening in the urethra. Through this opening, the catgut bougie serving you as a director, introduce a short gum catheter from the wound in the perinæum into the bladder. You will generally find, although the effusion of urine has taken place, that there is still a large quantity of urine left in the bladder. Of course it is drawn off by the catheter, and the bladder is emptied. Allow the catheter, however, to remain in the wound and in the bladder. Then make extensive scarifications or incisions through the skin, wherever the urine has been effused underneath, and let these incisions extend to the sloughs of the cellular membrane. Apply a poultice: let the parts be fomented twice or three times daily. After one or two days you may remove the short gum catheter, which, in the mean time, has kept the bladder empty. Your treatment of the patient, in other respects, must depend on his symptoms and general condition. At first, it is often right merely to give some saline medicine, with small doses of Dover's powder every six or eight hours: afterwards it will be proper to exhibit wine, ammonia, opium, and, perhaps, bark, or the sulphate of quinine: in other cases opium, cordials, and tonics, will be required in the beginning. As soon as the sloughs begin to separate, remove them with a pair of forceps, and dress the sores according to circumstances.

In those cases in which you are unable to pass an instrument into the bladder, you must be contented (as to the local treatment) with making extensive scarifications. But here the patient labours under a disadvantage, in consequence of the bladder remaining loaded with urine.

OF THE EYELIDS: AS INDICATING DIFFERENT AFFECTIONS OF THE NERVES.

BY MR. CHARLES BELL.

My attention having been drawn to the actions of the muscles of the eye, I have persuaded myself that there is a strict correspondence between the retina, as the organ of vision, and the surrounding muscles. We observe that, when the retina is excited by vision, there is an attendant excitement of the recti, or voluntary muscles of the eye; and that when vision is not exercised, the eye then becomes passive, and is drawn upwards by the preponderating influence of the obliqui: that, consequently, there is an established relation between the falling of the eyelid and the revolving of the cornea upwards.

It did not occur to me that any thing farther could be done in the way of experiment, than what is offered in the *Philosophical Transactions*, June, 1823; and I concluded that we must wait for the opportunity of observation in the human eye, to perfect our knowledge of this subject. It is with this view that I present you with the following cases, to which my attention is at this moment directed.

The condition of the eyelid and eyeball, when carefully observed, appear to me to give the symptoms of very different affections of the nervous system. Putting aside the affections which come under the head of strabismus, we have, in the 1st place, the eyelid fallen, from disease of the eyelid itself, independent of nervous disorder; 2dly, the eyelid permanently elevated, and the cornea exposed, (*Lagophthalmos: vue de lièvre*;) indicating defect in the office of the portio dura; 3dly, incapacity to raise the eyelid, attended with total insensibility of the surface of the eye and side of the face, with the power of forcibly closing the eyes still retained: indicating disorder of the nerves within the orbit, probably pressure between the origin and distribution of the nerves, the portio dura being free from disease; 4thly, a motion in the eyeball itself rapidly to and fro, (*Nystagmus bulbi*;) independent of any affection of the eyelid; 5thly, we have the eyelid depressed, and the motion of the eyeball remaining; 6thly, we have the eyelid depressed, and, at the same time, the cornea elevated.

It is to these two latter cases that I

have to request the attention of your readers: in the 1st place, as they imply very different conditions of the nervous system; and, being attended with blindness, may be confounded with affections of the optic nerve or retina.

CASE OF PERIODICAL BLINDNESS, FROM
A CAUSE NOT HITHERTO OBSERVED.

The subject of this case is a young lady, 24 years of age, of delicate frame, with great intelligence and expression; accomplished, and, as ladies are, studious. She was in the habit of drawing a great deal, and had painted a miniature a short time before the symptoms I have to describe commenced. In giving the case, I am assisted by the letter of her physician, which she presented to me, and which shows that he has studied the symptoms; having that interest in the case which is so naturally excited in a benevolent mind.

In August, 1826, she began to have headaches, which, however, had not a common character: the pain extended down the side of her face to the angle of the jaw, and then backwards into the ear, with a sensation of tightness in the skin of the forehead; and this pain she had first on one and then on the other side of her face. These pains appeared to her physician to be "connected with considerable disorder of her stomach and alimentary canal, increased, if not produced, by too sedentary a habit, and application to drawing. After a dose of calomel and opium, she took, in succession, the sulphate of quinine, the extract of henbane, and the liquor arsenicalis. She had also the blue pill, until her mouth became a little sore."

The pain had ceased, and a "heavy stupidity," to use her own expression, prevailed for a few days, when one day, in reading, she found that she could not see the letters,—they were thrown together and confounded. This obscurity of vision was attended with a fluttering in the eyes, which seemed to her alternately to open and shut with great rapidity: by turning away from her book and attending to other things, she could read for some time, when she again looked upon the page. The application of leeches relieved these symptoms for a day or two; but the relief was temporary, and she gradually lost the power of directing her eyes. From the beginning of this affection of the eyes, the pain ceased in the head. This

"actual blindness came on periodically. It began about ten o'clock in the morning, and ceased about four; and, during the blindness, there was constantly presented a most quick motion of the eyelids and eyeballs; and during the whole of these attacks, she lost all control over the muscles of the eyelids and eyeballs. She could partly see, or at least distinguish light from darkness." Her vision was occasionally restored: at one time her medical man having made his visit, he was called back as he was stepping into his carriage, she having at that moment entirely recovered her sight. Her blindness has of late been permanent. Her physician looks upon these symptoms as connected with nervous irritability, and different from genuine amaurosis arising from disease of the optic nerve or retina. I should have stated that the solution of belladonna was applied to the eyelids, by which her medical attendants satisfied themselves that there was no cataract. They next ventured upon the galvanic battery, and were encouraged to proceed in consequence of her being able to see, almost on the first shock, which was given across the eyes. She found her way out of the room without assistance, and could distinguish the colour of the ladies' dresses who accompanied her in the carriage. After this, although a spark of light was excited at each shock of the battery, her sight did not improve; and she even lost that degree of vision which she had enjoyed in the morning and the evening.

This young lady has a pleasant, intelligent manner: but I observed to her, that she conversed with her ears! on which she said, "Oh dear, am I already so bad as that?" understanding perfectly what I meant,—that the direction of her countenance to those who addressed her, was like that of a blind person. This expresses a fact, at the same time that it may show the acuteness of her understanding. Her eyelids are dropped over the eye, but not with the character of a paralysis: they are in continual motion while she speaks, being raised and depressed for about the twelfth of an inch; and never so far raised as to expose the pupils; the eyebrows are raised by an ineffectual attempt to open the eyelids. She can close the eyes and wink, powerfully compressing them. The secretion of tears flows plentifully. There is not the slightest degree of inflammation in

the eyes. The concealment of the pupils is not altogether owing to the dropping of the eyelids, but to the eyeballs being at the same time rolled upwards: she has an equal inability of raising the eyelids and of depressing the eyeballs. If there be a difficulty of understanding this description, I would say that there is continually in this young lady that condition of the eye and eyelids which the surgeon sees when he is about to examine the eye, or perform an operation on it: the cornea is turned up, whilst the eyelid is forcibly drawn down—such is exactly the condition of this young lady's eyes.

The first thing I did was to stretch the eyelids over the eyeball, and keeping her face directed to the window, I inquired, "Do you see red light." "No," said she, "but I see bright yellow light." I had forgot that when we look through the eyelids the light is red, but if we stretch the eyelids, so as to undo the furrows, we see a brighter yellow light. This fact was sufficient to show me that the defect of vision was not in the retina, but arose from a deranged action and want of consent in the muscles of the eye. I next inclined her face downwards, and forcibly raising the upper eyelid, I disclosed a small part of the pupil, the eyeball being powerfully rolled upwards: before I did this I said, "Let me try if you cannot see your surgeon;" and as soon as the pupil was disclosed, she said, laughing, "I see he has on spectacles." I next asked her to turn her eyes in different directions; she could turn them to the right and to the left, but she met with an uncontrollable opposition in rolling them downwards. To these facts let me only add this consideration: we might imagine that when the pupil is disclosed, however little, she ought to see distinctly; but this cannot be, for the light that then enters, enters obliquely, not in the line of the axis, and consequently the impression is not made on the more sensitive central part of the retina. If we are looking to the side of a room which is hung round about with pictures, we faintly distinguish the frames of the pictures lateral to our position, the light from these objects falling upon a part of the retina which is less sensible. It is not, therefore, any morbid insensibility of the retina which renders this young lady blind; but the fact that she cannot even for a moment direct her

eye to the object, and consequently cannot receive the impression in the central portion of the retina, which is alone capable of distinct vision.

I expressed my opinion that this was an instance of that irregular muscular action which depends on some remote irritation, and not referable to organic disease, either of the brain or nerves, and that I saw no reason why we should not hope for sudden restoration of sight.

Dec. 24th.—On conversing with the family again, I find that the above statement is correct. She, however, adds, "I wonder, considering the many questions you put to me yesterday, that I forgot a circumstance which is perhaps, important; that I have pain extending round the head as if it were bound by a hoop. This is not continual, but is excited by the motion of a carriage or by noise. I have also," said she, "a whizzing noise in my ears, especially when I awake in the morning."

My first idea was to excite the viscera of the abdomen by emetics, and to follow those up by opiates.

January 3rd.—During the operation of the first emetic her eyes opened, and she saw for a short time. On the second operation her eyes remained open for ten minutes. The opiates being then administered, on the first morning when she awoke she saw perfectly, but after a short interval she was again blind. This morning she met me with a still better account,—that she saw during all the time of breakfast, and had played a new song from the book. But what was most agreeable took place during my visit, for whilst I was writing my prescription, she called with interest to me to look at her! and, to my surprise, her eyes were open and steadily fixed upon me, her countenance was wholly changed, and I need not say improved. I thought that her sister had slipped into her seat. Her sight continued perfect whilst I remained in the house.

I remember no other instance like this, except one in the *Medical Museum*, in which the patient, a female, saw perfectly well in the morning till ten o'clock. When it "turned of ten" it seemed to her as if her eyes were covered with a cloud: and this darkening of her sight was preceded by convulsive motions in the integuments of her forehead. She was relieved by opium, but relapsed in consequence of some misfortune attended with low spirits.

We see how apt the practitioner would be to suppose this some singular affection of the optic nerve: as a species of amaurosis contrasted with nyctylophia, since it seems inexplicable at first that the patient should see in the morning, become blind at ten o'clock, and remain so till four. There is a reflection, however, calculated to give comfort, as the symptoms vary so must the cause also vary: and this proves that it is not organic; for if the cause were organic derangement, the symptoms would be permanent.

BLINDNESS FROM DROPPING OF THE EYELID: AND IMPERFECT MOTION IN THE EYEBALL.

A boy, about 11 years of age, was brought to me a twelvemonth ago. He was of a scrofulous habit, had a pale and sickly look, and had disease in his knee-joint. When the complaint which I have to describe commenced, it was in this manner. He came from school, and said to his mother, "The boys tell me I squint, is that true?" adding, "I saw two masters in the school, and two of every thing."

The boy is intelligent, docile, and (his mother says) acute. His countenance is very peculiar from his eyelids having fallen, and his eyebrows being elevated and arched. He cannot see without throwing back his head, and looking under his eyelids, after the manner of a person who is trying to see from under a green shade. The reason of this is, that if he keeps his head in the usual position, he can only see the ground at his feet, but by throwing back his head, without changing the relative position either of his eyes or eyelids, he is then enabled to see any thing on the same level with himself. He has a little more power over the left eyelid than the right, but it is clear that he has not complete power over either of them. He raises the left eyelid with his finger, and then says he sees his mother distinctly. Although he cannot raise the eyelids, he can shut them firmly; winking, if the eye be irritated. In the attempt to open the eyes, he wrinkles the forehead, and arches the eyebrows, but only draws the skin of the eyelids smooth, without raising the margins of them.

His mother says, that when he saw double, she observed his eyes were both turned to the right side; objects, however, do not now appear double. In the beginning, as now, there was a

twitching of the face, and a drawing of the mouth a very little to the left side.

On attending more particularly to the motions of the eyeballs, the left eye is observed to move in a lively manner, but perhaps not to the full extent, and the right is more fixed; but when I close the left, and lift the eyelids of the right, and place my face opposite to the pupil of the right eye, he sees me perfectly. Although he sees the light when I open either the right or the left eye, yet the iris of the left only is movable. The pupil of the right is dilated.

This boy's health declined in the course of a few months. He first complained of pain in his right arm, and across his nails. He became subject to headaches, and flushing of the face; he had a wasting of the muscles of the thumb, and soon after an obvious withering of the whole arm. Before his death he became quite paralytic, and finally, the paralysis extended over his body generally. Yet it was remarkable that when he slept, the left arm was always elevated above his head, and although his mother put it down twenty times under the clothes, in a very short time she found it again stretched above his head. He remained sensible until two days before his death. He said he was quite willing to die; and that as his surgeon had paid him the most attention of any person during his whole life, he hoped his mother would let him examine his body if he desired it.

The dissection of the brain exhibited all the common appearances of acute hydrocephalus: in the ventricles there were about ten ounces of fluid; the substance of the brain was exceedingly soft, so that it tore, and became flocculent in the water of the ventricles. On the base of the brain coagulable lymph was exuded, and it bound the roots of all the nerves from the olfactory down to the ninth. The fifth was the most entire; the third of the right side was hardly discoverable amongst the coagulable lymph, from its having degenerated and acquired transparency. There were several scrofulous tubercles in different parts of the cerebellum.

Although there be a certain resemblance in the symptoms of these two cases, yet a careful observer will distinguish a nervous affection, proceeding from organic injury, in the one case, from that which is, in the other, purely spasmodic. In the boy, there was no part of the functions of the eye

and eyelids perfect but that which belonged to the portio dura of the seventh pair of nerves, that nerve which takes its course circuitously to the eyelids by the ear and the side of the face. On the contrary, the functions of those nerves which came through the bottom of the orbit were more or less injured. I would be inclined to attribute the first train of symptoms to the condition of the base of the brain; no doubt, the state of the boy ultimately was referable to the hydrocephalic condition of the brain.

And now let me mark the difference of the symptoms in the lady's case. The disorder did not come on gradually, nor was it permanent at first; it came on like a sudden spasm, and as suddenly disappeared. We have next to observe that it is a morbid condition, mimicking a natural state of the eye; for the action of the eye is here the same as when a candle is held to a sleepy eye; it is the condition of the muscles of the eye, when the organ is excessively irritated. It may, therefore, be described as a natural action become permanent; such a condition, then, as is consistent with the idea of irritation upon the nervous system: it does not imply any actual defect as in the other instance, where the eyelid instead of being tremblingly alive hung motionless, and the eyeball, instead of being turned up with a strength that implies spasm, was simply limited in its play, or altogether motionless.

INABILITY TO CLOSE THE EYELIDS.

In the preceding part of the paper I have mentioned the condition of the eye, in which it appears ever watchful; the eyelids do not close upon it even in sleep, and it has been called *oculus leporinus*, from the vulgar notion that the hare sleeps with its eyes open. I have a young lady now under my care, in whom this condition of the eye was, in the early stage of the complaint, presented, and still in some degree remains. The detail of the case may be interesting to your readers. A very few years ago it would have appeared to me of the utmost consequence for understanding the functions of the portio dura and the fifth pair of nerves; even now its interest is only diminished to me from its frequent occurrence.

This lady, 22 years of age, was attacked six years ago with scarlet fever and sore throat. Inflammation appears to have been communicated through the

Eustachian tubes to the interior of the temporal bones. On the left side, the inflammation went on to suppuration: the mastoid process became carious, and portions of bone were discharged through an ulcer behind the ear. A small bone, the form of which she cannot describe, was discharged also from the tube of the ear. During the progress of this inflammation she never experienced any diminution of sensibility in the face; but a very unpleasant consequence attended this disease of the temporal bone, she became paralytic on all the left side of the face. During the violence of the attack she could not close the left eye. At this period, too, she felt pain in the collar-bone of the same side, and such a degree of difficulty of moving the shoulder-joint, that she describes it by saying it was like a rusty hinge. At present she is dull of hearing in both ears, more particularly in her left: her face is a little twisted to the right side; which becomes quite a distortion when she speaks, and more especially when she smiles. The eyelids of the left eye have recovered in a considerable degree, but still she cannot bring the margins of the eyelids close together, and in attempting to close them, the white part of the ball of the eye is seen, as the cornea is turned up.

In this case all my efforts are directed to relieve the scrofulous action which has been set up in the tympanum. On the second visit I found that the use of stimulating fomentations to the ear, liniments behind the ear, and warm gargles, had the effect of removing the remaining paralysis of the eyelids.

This case is important, first, as showing the office of the portio dura of the seventh pair of nerves; from its being affected in its course through the temporal bone, and depriving the corresponding side of the face of motion, without in any degree depriving it of sensation: 2dly, we see how the inflammation has been propagated from the throat into both ears; and we cannot but reflect on the unhappy consequences which would have resulted had the inflammation in the right ear gone on to suppuration; for then the muscular power of the lips, cheeks, and eyelids would have been lost on both sides, and the consequences need not be described: 3dly, we are directed by the affection of the nerves to the condition of the temporal bone; and it cannot escape observation that the temporal

bone is, as a bone of the cranium, in contact with the brain, and there is danger of that affection of the brain, which, by the old pathologists, was called vomica cerebri. The circumstances of pain and debility in the arm during the violence of the inflammation sufficiently point out the danger of her condition at that time; and that it should still be our principal object to prevent any accession of inflammation in the temporal bone, and to preserve the discharge free.

Soho-square, Jan. 3, 1827.

MISTATEMENTS OF THE LANCET.

Gentlemen,

WHEN I first heard of your intended publication, I thought that it would afford an excellent channel through which the more respectable members of the profession might explain or refute the intentional and unintentional errors of the medical press; but I doubted whether you would condescend to notice such publications as are chiefly remarkable for their utter disregard of truth. Seeing, however, that in your second Number you have given to Mr. Earle an opportunity of exposing the falsehood of various attacks which have been made upon him,—a task which he has performed with his characteristic manliness and perspicuity,—I beg to be allowed the same privilege; trusting that your Gazette may be read, at least as extensively as the vehicle of those misrepresentations which have induced me now to address you.

It will be said, perhaps, that the statements of which I complain involve points in practice of scarcely sufficient importance to call for public notice; but deviations from truth on subjects, however trivial, if they can be shown to be intentional and malicious, are surely as base in a moral point of view, and are often the instruments of as much injury to individuals as if they related to more serious matters. I trust, therefore, I may be permitted, without appearing to give undue importance to the details themselves, to advert shortly to them as parts of a disgraceful system of misrepresentation, which it is the duty of all honest men to join in exposing.

First, then, in the *Lancet* of Nov.

24, there is an article headed “Mr. Keate’s Treatment of inflamed Bursæ,” in which I am represented as having directed the patient to be cupped over the bursa, at the time when the part was so tender as not to bear even the touch of a finger, and when, as the reporter adds, she could not of course bear the application of the cupping glasses: and I am stated after this to have applied a galbanum plaster over the part thus previously healed.

Now, Gentlemen, it will, I think, be scarcely credited, that in the whole of this account not a word of truth is to be detected. The case was *not* one of diseased bursæ, but of inflammation of the joint itself, threatening ulceration of the cartilages.

The cupping was ordered and performed, *not* over a bursa, but on each side of the knee.

It gave *no* extraordinary pain to the patient, and completely relieved the symptoms.

The galbanum plaster was *not* placed over the bursa, but round the head of the tibia, where there was a considerable thickening, and it was applied in such a manner as to be clear not only of the incisions of the scarificators, but also of a small portion of inflamed skin observable over the insertion of the ligamentum patellæ.

I will only mention one instance more of the candour and fidelity of the journal in question. In a subsequent Number, that of Dec. 8, there is another attack upon me for the maltreatment of a case of erysipelas, which, like the former, sets out with an untruth. But as the poor subject of that malpractice is now recovering, although brought into the hospital apparently in a dying state, I will only say as to the poultice, which is described by the reporter as having “some ounces” of oil floating on it, that, unless he is a very ignorant driveller, some other qualities, which fit him well for his present employment, must have prevented him from seeing what was obvious to every one else—that the fluid which he called oil was the usual exudation of serum from the vesicles of incipient gangrene. I will not trouble you with any comments on these cases, which I have stated rather to exhibit the general spirit of the publication in which they appeared, than because I think the observations in themselves of any great importance. At the same time I must add, that I am

grieved to see the marked alteration which has taken place within the last few years in the feelings and in the conduct of some of our medical brethren. It may be the duty of public writers to expose errors, but this ought to be done with a sacred regard to truth. It is probably, however, more profitable to pander to the baser passions of mankind; and an appetite for vulgar popularity has procured some supporters to a publication which afforded a convenient vehicle for those numerous instances of personal invective, misrepresentation, and ribaldry, which have disgraced its pages.

For the sake of all that is moral; for the sake of harmony among ourselves, and of our respectability in the eyes of the public; for the sake of common decency, honesty, and truth, I wish that I might hail the present as the dawn of a better system and more honourable feelings, suited to the cultivation of science and to the practice of a liberal profession.

I remain, your obedient servant,

Albemarle-street, Dec. 26.

R. KEATE.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

At length a person of spirit has been found, both able and willing to oppose the arbitrary abuses of this college, and "by opposing, end them." What a startling query should it be to the English reader to be asked, are there any other regularly educated surgeons in the world, besides those of the Royal College of Surgeons in Ireland? Yet this is the question just now obtruded upon the notice of the public; and to which the Court of Examiners of the said college answer with an emphatic No! They refuse to grant an examination for letters testimonial to any candidate, who has not served an apprenticeship to one of themselves, and they prepare to defend by law the construction which they have put upon their charter—a charter which expressly states, that all candidates are duly qualified, who have served an apprenticeship of five years to *any regularly educated surgeon*. Individuals have, in numerous instances, experienced the extreme rigour with which this clause was enforced; but though they severely felt the hardship of their situa-

tion, they wanted the courage, or perhaps rather the "sinews of war," to support a conflict with an opponent of such powerful pretensions. The brief but interesting law report, which records the throwing down of the gauntlet, is this. On Friday, the 16th ult., Sergeant Blackburne applied to the Court of King's Bench for a conditional order for a mandamus, directed to the President and Censors of the Royal College of Surgeons in Ireland, to grant an examination for letters testimonial to Mr. John Leslie. The applicant, as appeared from his affidavit, had served a regular apprenticeship to a regularly educated surgeon in the north of Ireland, and had subsequently passed the College of Surgeons in Edinburgh. The censors of the Irish college, however, had refused him an examination, on the grounds that he had not served his apprenticeship to "a regularly educated surgeon,"—a denomination which they exclusively apply to members and licentiates of the said College of Surgeons in Ireland. The conditional order was granted without hesitation. On the Tuesday following, Mr. Perrin, K. C., moved the court in behalf of the Irish college, to obtain time to oppose the conditional order, inasmuch as four days were requisite to summon a meeting of the members of the college. Sergeant Blackburne did not object to the motion, and time was accordingly granted till the first day of next Term. We can hardly permit ourselves to believe that the college will be bold enough to uphold pretensions so chimerical. Need we quote authorities to prove their assumptions to be illegal? "I have the opinion of the first law authorities in Ireland, (says a distinguished professor in one of his published letters,) "that the apprentices of the members of all the colleges and communities of surgeons in the United Kingdom, or elsewhere, come as much within the meaning of the charter of the Irish college, as the apprentices of its own members." The case also of a gentleman, similarly circumstanced with Mr. Leslie, (if indeed his case be not still a stronger one than that of the latter,) occurs to us, upon which the opinion of the present Lord Chief Justice of the Common Pleas, Baron Plunket, was taken, as well as the opinions of other eminent lawyers at the Irish bar. They all were in his favour, encouraged him to contest his right to

an examination, and promised him certain success. A natural timidity, however, or a cautious prudence, withheld him, and he now, in common with a host of others, awaits the issue of the combat between the new champion and his chartered opponents. But

"it is fit
The spell should break of this protracted dream."

How strange, how extraordinary are the pretensions of the college! It must follow, of course, from their acceptance of the disputed passage in the charter, that Bell and Brodie, Lawrence and Macartney, are not regularly educated surgeons, and, consequently, that their apprentices must be excluded for ever from a participation in the privileges of an Irish licentiate. John Hunter and Mr. Pott were pretenders—mere quacks in surgery. But why instance individuals? It is not merely the illustrious men whom we have just mentioned who are impeached for want of professional education,—all the colleges in the United Kingdom—all in the civilized world are involved in the charge! Surely, now, this must be a very venerable establishment—a most ancient college, which can look so contemptuously upon the puny attempts of modern upstarts—surely it must date its origin at least from the rise of modern surgery in Europe—and no doubt its annals are adorned with the names of men of genius and talent, who, as authors and as teachers, have contributed to extend the boundaries of the surgical art, and whose fame has gone forth into all the corners of the earth?—Alas! "I betook myself to the repositories of the dead, and I cried with a plaintive voice, where are they? and echo replied, where are they?"—It is really a most unfortunate circumstance that our proud college cannot go back farther into history than the year of our Lord 1784, when his Majesty was graciously pleased to grant them their first charter, the identical one of which we are so presumptuous as to dispute the meaning:—and it is still more unfortunate that we cannot recollect the names of above half a dozen (perhaps not so many if we were put to task) who have enjoyed an extended reputation as benefactors of surgery. With the exception of Mr. Carmichael—a splendid exception, indeed—whose productions not only reflect credit upon himself, but possess a sort of redeeming character

in favour of the college—none have ever been known to the world as authors of any eminence. Such is the Royal College. They are powerful, and it is, no doubt, a hazardous attempt to brave their vengeance, and to put them to the test. But it should be remembered that Mr. Leslie does not stand before them as a solitary opponent. With abettors more real than those of Mucius, he comes forward with all the courage of that hero, voluntarily to thrust his right hand into the flame.

E^BLANENSIS.

Dublin, December, 1827.

FORTITUDE.

Mr. Editor,

WITH the exception of naval and military men, there is no class of the community who witness more examples of fortitude and personal courage than the practitioners of surgery. What greater proof can be given of confidence and courage, than that with which a person surrenders himself, blindfolded, and bound hand and foot, to the knife of the operator? Every day in the week this great metropolis produces, in silence and in secrecy, acts of heroism, of strength of mind, and firmness of purpose, that would do honour to an ancient Roman. I have witnessed many in both sexes; and although the first amputation I ever saw had nothing of the "sublime or the beautiful" to recommend it, yet it affords an illustration of the observation, from low life, of how much the mind may be under control, even during great bodily pain, and the bitter anguish of the sudden loss of a limb. "How do you find yourself, Mrs. Judy?" said a St. Bartholomew's surgeon, after taking off the arm of an Irish basket-woman.—"How do I find myself? why, without my arm—how the d—l else should I find myself?" was Mrs. Judy's reply. In another operation, shortly afterwards, of much more importance, the force of female character was evinced in a different manner. A lady, of some consequence—of the highest order as to intellectual endowments—had occasion to submit to one of the most serious, painful, and protracted operations that the sex can be subject to. Her case was a source of deep interest to all her friends, of the most bitter anguish to her near and dear relatives. When the necessity of an operation became decided, she de-

terminated on the speedy and secret execution of it, and arrangements were made of her own planning, by which her physician, three surgeons, and myself, then a surgical aide-de-camp, were introduced into the house, and the operation successfully performed, without the knowledge of any one of her own family, or the cognizance of any of a large establishment, excepting her own maid.

Yours,

Dec. 27.

WISEMAN.

EXCISION OF THE OS UTERI.

Extract of a Letter from a Correspondent in Paris.

"SINCE I wrote to you, I have seen M. Lisfranc perform the operation of which I made mention. In his Clinique he told us that he had operated for cancer of the neck of the uterus two-and-twenty times; that in two cases only had the operation failed, and in these the disease had extended to the spine. The operation I witnessed, made his twenty-third. The woman was placed on a table, a speculum was introduced along the vagina, and the diseased neck discovered; two pair of forceps were then applied to the part, and, by gradually drawing them downwards, the mouth of the uterus was apparent at the external opening; the speculum was removed, the neck of the uterus was lifted upwards, a curved bistoury passed beneath it, and what with elevating the knife and depressing the neck, a separation was produced.

"The speculum used was composed of two parts, so as to be made like a pair of forceps: it has this advantage over the common speculum composed only of one piece, that, when introduced, it can be removed at will without altering the position in which the forceps are placed. The forceps have, at the extremity of each blade, two prongs about the third of an inch long, coming off at right angles, which, when made to meet one another, ensure a pretty good hold. Excluding all doubts which a reasoning man would entertain as to the radical cure which this operation is said to effect, you need only know a little of the great advocate of the operation, to be convinced, that, being rather an enthusiast, what he says is to be taken *cum grano salis*. It was rather amusing to see some twenty or thirty students quit their seats, and one

after the other take a view of the diseased os uteri, *in situ* by means of the speculum and a candle which one of the dressers held at the external parts; one took his peep and off he went, another his, and so on till each was perfectly satisfied."

MALARIA.

Gentlemen,

THERE is a certain class of facts which have been deemed *infra dig.* by medical men to publish in those goodly tomes with which every aspirant after reputation thinks it proper to burden the public. They involve no point in dispute, add little to science, have, in short, no recommendation save that of utility, and, like every thing useful, they may be culled in the high roads of life.

Some months ago I dined in company with Colonel Denham, the celebrated African traveller. As he was at that time a lion of singular dimensions, we were all invited to hear him roar, which he did very pleasantly, and to the great edification of us who came to see the noble animal at the propitious hour of feeding. After a string of adventures, of perils by land and water, the conversation turned on the deadly effects of the African climate on European constitutions; and most of us expressed our surprise at the robust health enjoyed by the colonel, after the fiery ordeal he had just passed. The secret of keeping your health in Africa depends, said he, on temperance. From the moment I got to the tropics I gave up all animal food, and every stimulating liquor, and lived on nothing but rice and water.

It is well known that Colonel Denham is now Governor of Sierra Leone, and that he entertains no fear of suffering from the effects of that climate, having determined to adhere to this regimen. A gentleman who was of the party mentioned a similar fact. He knew a Cork captain who had made eight voyages to the African coasts, and had each time lost a great portion of his crew, and, in all, seven doctors; the eighth returned with him, but sorely shattered; he, himself, he said, preserved his health by a diet similar to that of the colonel; for, as soon as he came into the hot latitudes, he took two or three doses of salts, and then lived on potatoes and water, and drank nothing stronger than the palm wine.

A contrary diet seems to be the proper one in those countries in which malaria is plentiful. The first effect of malaria in Italy is depressing beyond measure. Then an intense pain is felt across the forehead, and afterwards an oppression of breathing, which makes you believe that you are about to have pneumonia. I was one of nine who had been jostling in neighbourly discomfort from Ancona to Rome, in one of the largest of all moving things, an Italian diligence. It was early in the morning when we entered the Campagna of Rome. As the whole of the night had been passed in as much sleep as was compatible with our circumstances, we were all alert and on the look out to catch a glimpse of the eternal city, and yet we had no sooner entered that desolate undulation of fields in which Rome is situated, than we first saw, and then felt, the effects of the malaria. Every living thing seemed to have fled from these regions except the stable boys and ostlers, who were obliged to remain at the post-houses. These miserable creatures, as sallow as saffron, and with bellies immensely swollen, begged—not for money, but a few cigars. We had scarcely been moving a half hour through these fields, when a remarkable change took place. All the noise and vivacity with which the diligence was filled suddenly ceased. Those who sat nearest the windows silently looked out; at first, with bright inquiring eyes: these became gradually dim, giving to the face an expression of drunken wisdom, and then they closed. Those who sat in the middle, and who could not look out of the window without turning, soon becoming unequal to the exertion, stared stupidly at each other without exchanging a word, nodded, and fell asleep. The watching my companions kept me awake for a few minutes; but, at last, I could no longer withstand the influence of the air, and, like them, I too slumbered, and awoke only just as the diligence was entering Rome.

The effect of malaria seems then to cause sleep; and this state is reckoned so dangerous, that the soldiers and people stationed in the Pontine Marshes, always warn the travellers to resist its impulses. An Italian courier told me that, whenever he was obliged to sleep in the district of the Pontine Marshes, the first thing he ordered was a large fire to be made in his room, even though the season should be summer; he then

closed all the shutters, ordered a bottle of wine and cigars; and with these precautions, he said, any one will escape the bad effects of the malaria. It is well known, both in Italy and the Levant, that, in the heat of the day, people may travel through any malarious district with impunity; but if the same were attempted in the cool of the evening or morning, or during the night, a fatal fever would be the most probable consequence. Perhaps it is this elevation of temperature which makes the atmosphere of towns healthy, while the most deadly malaria exists in the suburbs.

Another mode of resisting malaria, besides heat and generous living, is by wearing a thick veil or covering over the mouth and nostrils. This is very generally adopted by the couriers and valets de place in Italy; and I was informed that the natives of America and the West Indies invariably resort to this precaution, whenever their occupation leads them into the dark and unwholesome forests of their country. The gentleman who mentioned the fact to me thought the poisonous qualities of air, like flame, could not be transmitted through the small orifices of the veil. It appeared more probable to me, however, that the veil or covering kept at a high temperature the air interposed between it and the nostrils, and thus destroyed the malaria. F. R.

MEDICAL GAZETTE.

Saturday, January 5, 1828.

"Licet omnibus, licet etiam mihi, dignitatem Artis Medicæ tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

EXTRAORDINARY OPERATIONS.

THERE is a curious contrast between the medical and surgical practice of our continental brethren,—the former employing such remedies as marsh-mallow ptisans, and orange-flower water, and exclaiming against the practice of England as fit only for horses. The latter ventures on operations so daring, that most English surgeons shrink from performing them. Of late years, however, some of the operators of this island have shown an anxiety to import such

operations from the continent, or to invent others which vie with them in boldness. Mr. Lizars, of Edinburgh, published four cases, in which long incisions had been made into the abdomen, from which the bowels protruded, for the removal of tumours of the ovary. Of the four patients who were the subjects of this operation, one died; (we do not like to use a stronger expression;) in another, when the abdomen was laid open, no tumour was found; in the third, the tumour adhered so extensively that it could not be removed; in the fourth, one tumour was removed, but another almost as large was left behind. One would suppose that these results would have been sufficiently discouraging, yet Mr. Lizars takes for his motto this sentence: "If English surgeons will not perform these operations, those of France and America will." Although Mr. Lizars has formed an estimate of these cases exactly the opposite to that of ninety-nine men out of a hundred, he deserves great credit for the candour of his publication.

We understand, on authority which we cannot doubt, that within the last month or two a practitioner of note in this town has extirpated the uterus of a poor woman from the country. What the result was we know only from report, but we think in honesty to his brethren he is bound to publish it. Whether successful or not, it will be a useful guide to those who are deliberating about the propriety of performing this operation. Nothing can be more mischievous than to publish only fortunate cases, except it be to permit failures to circulate as successes. A few months ago a paragraph appeared in the *Literary Gazette*, headed "Extraordinary Surgical Operation," stating that a tumour eight pounds in weight, and larger than a man's head, had been extracted, by Dr. Granville, through an incision nine inches long, from the abdomen of a woman, with great facility, and with the loss of not more than two ounces of blood. Since then it has been copied into the *New Monthly*

Magazine. What will our readers think when we tell them that the poor woman died a few days after the operation; yet this important appendix to the case has never been added to it, and it has circulated as a successful operation among the numerous readers of the *Literary Gazette* and the *Monthly Magazine*; many of them, of course, medical men, and some of them young surgeons, longing to flesh their knives with some such surgical enterprise.

The next operation to which we would call the attention of our profession, is one which Dr. Blundell, the Lecturer on Midwifery at Guy's Hospital, is represented as recommending to his class. It is—but our readers will not believe it unless we give his own words, which we shall do as they are reported in the *Lancet*. Speaking of those cases in which the pelvis is so narrow that at the full time it is impossible to extract the child, excepting by the Cæsarian operation, the doctor says: "Suppose a woman has a high contraction, (an excessively contracted pelvis?) and is in the early months of gestation, I will suppose that she may not have gone above one or two months; now in this case of course it would, if practicable, be desirable to introduce an instrument into the uterine cavity, so as to discharge the liquor amnii, and in that way bring on premature delivery; but very probably you might not be able to enter the uterus; *may you might not be dexterous or fortunate enough even to feel the os uteri*. Under these circumstances another operation, and an operation which *I would strongly recommend* to your attention, might be attempted. Make an opening a little above the symphysis pubis, in or near the linea alba, carefully avoiding the bladder; at this opening introduce one of your fingers, say the fore-finger of your left hand, so as to get a bearing (?) on the uterus. This accomplished, take some slender pointed instrument and pretty stiff, and by a sort of acupuncture carry this instrument through the body of the uterus into its cavity, and on

entering the uterine cavity move the wire cautiously, yet effectually, in different directions, so as to break the ovum all to pieces and put an effectual stop to the generative process. The ovum destroyed, draw up the fallopian tube, which is easily done, first on the one side, and then on the other, cutting out a portion of it so as to render it impervious, by which the woman would for ever afterwards become sterile. By this operation, successfully performed, you would at once secure the woman against the Cæsarian incision, and preclude the risk of her ever being pregnant again. In performing the operation I should be very careful to break up the ovum thoroughly, even if I laboured fifteen or twenty minutes."

Thus, unless the reporter has made some mistake in his account of the lecture, which we sometimes suspect, an operation is recommended to an ordinary practitioner of midwifery, which few hospital surgeons would venture to perform; namely, to make an incision into the abdomen; to thrust a pointed instrument through the uterus into its cavity; to move it about, and thereby destroy the texture and life of the ovum; to draw out the fallopian tube and cut off a portion of it, and then serve the other in the same way;—and this operation is put into the hands of a man who is supposed to be such a bungler as not to find the natural orifice of the uterus! Making full allowance for the difficulty of feeling the os uteri in the first month or two of pregnancy, and supposing this difficulty to be increased by the excessive deformity of the pelvis, surely it would be better to take a lesson from our continental brethren, and dilate the vagina by a tin speculum, and light it up by a candle to help us in our search.* Any plan to avoid such—let us use the doctor's own words—such "a ferocious, atrocious" operation.

We close this article with the account of an operation, of which the hardest thing that can be said is, that it is rather whimsical. Dr. Arnott in his late work,

entitled the *Elements of Physics*, proposes as a substitute for the midwifery forceps an instrument like a school-boy's sucker, which he denominates his pneumatic tractor. It consists of a circular piece of leather, three inches in diameter, and kept extended by a ring, with a cord fixed firmly to the centre; this is to be wetted and applied to the presenting part of the child's head, just as the schoolboy would apply his sucker to a flat stone; by extending the cord, and thereby raising the centre of the leather from the head in the one case, or the stone in the other, a vacuum is formed between the leather and the head, or stone, and the surrounding edge grasps it firmly like that of a cupping-glass. "This," says Dr. Arnott, would act upon any body, to lift or draw it with a force of about a hundred pounds, and with much more therefore than is ever required or allowable in obstetric practice."*

The most ungentle criticism which we have to direct against the proposal of this agreeable writer is a smile; but how easy it would be to put this proposal to the test of experiment, when perhaps the laugh would be turned against ourselves. We heartily wish it might; for certainly the midwifery forceps are safe and useful only in the hands of those few who employ them often enough to acquire dexterity in their application. Be it remembered, that the forceps have two powers of essential importance in the cases for which they are used; the one that of slightly compressing the head, the other that of turning it from an unfavourable position. Neither of these are possessed by the doctor's tractor, which we think much more likely to tear off the scalp than to pull out the head.

DUEL.

A DUEL was fought last Saturday about three o'clock in the afternoon, between Dr. Forbes, of Argyll-street, and a young surgeon named Thompson. The circumstances which led to this meeting are as follows. Dr.

* See letter from our Paris correspondent, page 118.

* *Elements of Physics*, p. 310

Forbes who, as we stated in our Gazette of December 22d, is physician to the Westminster Infirmary for diseases of the eye, was subpoenaed by the editor of the *Lancet* in his recent prosecution for libel. On this, Dr. Forbes wrote to Mr. Guthrie, stating that if he was called into the witness-box he would be compelled in truth to give an unfavourable opinion with regard to Mr. Guthrie's practice. Nevertheless the preparations for the action proceeded; but when the day of trial arrived, and just as the barristers were about to commence the contest, Mr. Guthrie gave up the cause—for the time, if not definitely,—apprehensive, it is said, of the influence of Dr. Forbes's evidence. Mr. Thompson meeting Dr. Forbes at the Infirmary, is said to have told him that he had betrayed his friend. Dr. Forbes demanded an apology, which Mr. Thompson refused to make, and nothing remained but to fight. Dr. Forbes chose for his second Dr. Hume, of Curzon-street, a man well suited for the task as he has lived much in the army among high bred and susceptible gentlemen, and knows what is required by the laws of honour too well to allow of any foolish and unnecessary waste of blood. Mr. Thompson was attended by Lieut. B. The meeting took place in a solitary part of Clapham Common. After the first fire, Mr. Thompson still refusing to apologize, the duel was allowed to go on till each party had fired three times, when Dr. Forbes's third shot having hit his antagonist's hat, the seconds interfered and put an end to the combat.

We understand that Dr. Forbes finding that, according to general belief, the trial had been put off in consequence of the evidence he was expected to give, wrote to Mr. Guthrie on the subject, who, in his second letter, in reply, declared that Dr. Forbes had done nothing unbecoming a gentleman. If this be correct, we are at a loss to know what Mr. Thompson had to do with the matter; but as a correspondence has taken place, we think that the parties owe it to the profession and to themselves to publish it.

Thus, fortunately, terminated an affair which might have had a fatal issue, and which affords a striking illustration of the tumultuous state of our profession, to which we alluded in our Address. It is one among the daily proofs of the incalculable mischief resulting from that system of depravity in the medical press, which has thus, literally, “set man in hostility to man;”—a system habitually carried on for the profit of a moral incendiary, (observe, we say *moral*,) who has raised a conflagration which it is to be feared will only be quenched with blood.

ANALYSES AND NOTICES OF BOOKS.

“L'Auteur se tue à alonger ce que le lecteur se tue à abrégér.”—D'ALEMBERT.

Reports of Medical Cases. By DR. RICHARD BRIGHT, F.R.S., &c.

(Concluded from Page 92.)

Diseases of the lungs.—Five fatal cases of acute bronchitis are detailed, most of which occurred during the extremely foggy winter of 1813-14; and they illustrate the extent to which the mucous lining of the trachea and bronchial tubes may be inflamed, without implicating either the pleura or the substance of the lungs, or inducing effusion. They were characterised by the usual symptoms of wheezing, dyspnoea, and cough, frothy, puriform expectoration, oppression at the chest, without actual pain, distressing headache, livid countenance, and rapid pulse.

Dissection proved that the principal disease existed in the bronchial tubes, which were filled with a dense puriform mucus, and their lining membrane was highly vascular, of a colour either brown or more frequently purplish, becoming red on exposure. In some of these cases delirium was present, which Dr. Bright considers an alarming symptom, arising from the imperfect supply of decarbonized blood sent to the brain. He remarks that, except in young and robust patients, the loss of blood is borne very ill in cases of bronchitis, so that even a very small bleeding will so reduce the strength, that they are incapable of getting rid of the mucus, which mechanically impedes the functions of the lungs.

One of the least frequent terminations of pneumonia is gangrene. Of this five

cases are given. The sudden and complete prostration of the vital powers with highly fetid breath and expectoration are the usual premonitory symptoms; but in some of Dr. Bright's cases the fetor did not occur, which he attributes to a barrier of fibrinous deposit interposing between the sphacelated portion and the air passages. In complete gangrene the lung was found converted into an olive-coloured mass, without organization or consistence. Where a part only was thus affected, a distinct line of demarcation was perceived. The pleura, in these cases, over the diseased part, was of a dead yellow colour, with a defined margin. In some instances only a small patch of the inflamed lung had passed into the state of gangrene. In others it appeared to be a mixture of sloughing with diffused suppuration, as in *anthrax*. In cases 52 and 59* there were abscesses which seemed to have detached masses of the lung in their centre, and the connection being thus cut off, these masses became distinct sloughs. The appearances are to be seen in Plate 8. Dr. Bright observes that where suppuration, or even gangrene, is not extensive, a cure may be effected by supporting without stimulating; this is the case, especially where no tubercles exist, and where the vessels retain the power of depositing fibrin, and thus insulating the disease.

Phthisis pulmonalis is the next subject, and cases are given, with dissections, to set forth the greater part of the organic changes which usually take place; those in the lung itself, essential to the disease, and also those of the larynx, absorbent glands, and the mucous lining of the intestines, which are so often accessory. It appears that the tubercular deposits of phthisis assumed generally two different forms, but often occurring together. A part of the lung, more or less extensive, was found converted into a greyish, dense, semicartilaginous substance, nearly translucent, in the midst of which yellowish spots softened down into abscess, and gradually extensive cavities were formed, pus apparently being secreted from their tuberculated and roughened lining membrane, and sometimes escaping through the bronchial passages by expectoration.

* The kidneys were accidentally examined in this case and found granulated; the urine had never been tested during life, but a small quantity being found in the bladder, it was carefully withdrawn, and it coagulated by heat.

Dr. Bright, however, believes that the pus is not thus secreted, but that the cavity is absolutely enlarged by a wasting and breaking down of its parietes, fresh membranes being formed. These cavities were often traversed by bands of the substance of the lung, hardened by tubercular deposit. In this instance the bronchi were easily traced into the large tubercular abscesses, and were thickened, and their inner membrane injected with blood, being of the brightest vermilion colour. This membrane was seen to dip under the tuberculated lining of the abscess, so as to form a second or external coat.

In other cases the second form of tubercles was the most prominent alteration of structure. The lung was little altered in appearance, but, on pressing it, hard unyielding little bodies were to be felt; and, on cutting into the lung, a great number of miliary tubercles were to be seen, from the size of a shot to that of a pea, sometimes in detached clusters, at other times more or less thickly scattered over the whole lobe. Some of these had supplicated in their centres, or the clusters had surrounded a portion of lung, which had gradually become hard and, perhaps, supplicated, or, being completely insulated, had formed a slough in the midst of a cyst. Of the accessory diseases, case 57 affords a good illustration of the affection of the larynx and trachea occasionally attending phthisis: the peculiar symptom was a remarkable hoarseness of the voice, a clanging cough, pain in swallowing, and before death the patient breathed like a person who is in a state approaching to asphyxia. Besides the usual structural changes in the lungs, the larynx had two ulcers below the rima glottidis, and there was another on the front of the thyroid cartilage. The bronchial lining was vascular and loaded with tough mucus. Sometimes the epiglottis is ulcerated, or the trachea, two or three inches below the larynx. The urgency of the symptoms of these affections will be likely to mislead, by distracting the attention from the state of the lung itself.

In scrofulous subjects the glandular system is often much disordered in connection with phthisis; but, independant of scrofula, the mesenteric and bronchial glands are often found hard, enlarged, and apparently obstructed, sometimes going on to suppuration. In general, this state of the mesenteric glands seemed to depend on the irritation or disease

going on in the mucous lining of the intestines, as it was in proportion to the degree of that affection immediately in the neighbourhood; so that where ulceration had occurred, the glands were largest, and most inclined to suppurate. The symptoms of this condition are first an irregular action of the bowels, an unnaturally clean and glossy tongue, aphthæ, and latterly, uncontrollable diarrhœa; though occasionally, when the ulcerated condition of the intestines has become chronic, the diarrhœa has scarcely been an object of complaint. Where the glands are obstructed, the lacteals may be seen gorged with chyle; but it does not necessarily follow, says Dr. Bright, that there should be ulceration of the mucous membrane near them, as is proved by the appearances in case 54. This obstruction, however, seems to account for the rapidity and the degree of emaciation occurring in case 56.

The bronchial glands also occasionally were found very dark, firm, and much enlarged, sometimes in a state of suppuration. In case 58, the patient had during life now and then expectorated pieces of bony matter, like bits of coral smoothed by attrition. No traces of any such deposit could be found in the lungs, but the bronchial glands contained the bony matter in their centres, though without any ulceration or opening, by which it could seem that they had been discharged by expectoration.

The affections of the mucous membrane of the intestines accompanying phthisis, are stated by Dr. Bright to be twofold. First, a diffused irritation along the entire membrane, evinced by increased vascularity, or by the appearance of innumerable black specks, giving the part a greyish colour. Not being a common product of inflammation, it probably requires, says Dr. Bright, some peculiar condition of the vessels, as a venous congestion. The same appearance has been found on the peritoneum.

The second form of disease of the intestines, is the formation of ulcers more or less numerous in the mucous membrane. Sometimes they occur in the duodenum, or through the whole of the small intestines, but most abundantly about the valve and the whole extent of the colon, where they are small and circular, seeming to arise from round, opaque, white bodies of the size of a pea, perhaps mucous glands in a

state of disease, or perhaps tubercular deposits. In the large intestines, the ulcerations go to a much greater extent, and are more numerous, being most conspicuous about the cæcum and valve of the colon, sometimes involving the cæcum in one continued ulcer, and even extending along the whole of the vermiform process. They have been found continuing into the rectum itself. They have tuberculated edges, are oval, and extend in the direction of the transverse folds of the membrane.

Dr. Bright remarks, that practitioners scarcely think it worth while to attempt to change this condition of the intestines, though he believes that the ulcers now and then are disposed to heal. He has certainly contributed much to the relief of patients labouring under the diarrhœa of this stage of phthisis, by administering ipecacuanha three times a day, in two grain doses. (See case 53.)

He inserts also two cases of simple dysentery, rapidly cured by small doses of ipecacuanha, to show what powerful effects it produces in such cases.

There are also some cases where the inner surface of the aorta and principal arteries was found of a deep red colour, and where during life there had been a remarkable tenderness of the whole body, so that upon a mere touch the patient would cry out. Dr. Bright calls the attention of the profession to this circumstance; as the coincidence between the appearance of the arteries and the irritable surface was so striking, that in one instance he even prognosticated that the arteries would be found in this state. He does not venture to say whether it depends most on the condition of the vessels or of the blood.

Fever.—The morbid condition of the bowels in fever has very lately attracted much attention. Dr. Bright has related ten fatal cases where the intestines were more or less diseased, as appeared by dissection, and has afterwards given the details of eleven cases, where the remedies used were successful. Dr. Bright's observations are most valuable. He first makes us acquainted with the nature of the mischief, as the surest way to enable us to relieve it; and we shall therefore shortly point out what is the usual condition of the inner membrane of the intestines in fever, in all the stages of disease which it undergoes. Dr. Bright does not deny but that other organs also suffer, as the brain, shown

by cerebral irritation, or the lungs, where inflammation or congestion occurs, shown by dyspnoea, a purple countenance, &c. &c. ; “ but there is decidedly no class of morbid appearances so frequent, and none more important, than those which involve the structure of the intestines.” In the cases which are given, an order is observed, by which the disease may be traced from its slightest to its most aggravated forms. In the first cases, the mucous lining of the intestines showed marks of increased action, there being either patches of vascularity, or one universal extension of it, from the pylorus to the rectum. Generally, this vascularity was connected with inflammation of the mucous glands, appearing like small-pox on the second or third day of the eruption, elevated, almost transparent, and covered with minute vessels. These do not exactly suppurate, but become distended with a yellow cheesy matter, and slough off, or sometimes ulceration takes place on their points externally, without any collection of the yellow matter. In the congregate glands, this process is more extensive than in the solitary ; and as they are chiefly situated farthest from the insertion of the mesentery, three or four branches of vessels may be seen passing along from the mesentery, and ramifying over the inner surface of the intestine to the glands, into whose structure they dive. In general, the glands themselves first seem to enlarge, and form a thick flat mass of a light colour, but in some peculiar cases, as in case 74, they have the appearance of a fungus, with a narrow base, the edges hanging over it ; in others, the glands are darker instead of lighter than the intestine, from the deposit of matter resembling grumous blood.

So far the mucous membrane is not broken, but only raised. As the disease advances, however, ulceration takes place in fissures, which gradually increases, and if irritated, the ulcers become deep and ragged, with uneven bottoms, or they are filled with a dense slough, stained by the bile and feces. In this advanced stage, cerebral irritation to a great extent is a marked symptom. (See cases 75, 76.)

As inflammation subsides, the depth of the ulcer diminishes, and the most part of the glandular structure having been removed, the muscular fibres are often laid bare, or even the internal

surface of the peritoneum. These excavations are gradually filled up by granulation, the process of which is beautifully shown in Plate 15. When the whole is healed, a scar is left, like that of small-pox, which is covered apparently with a true mucous membrane. The space occupied by the ulcers is usually about two feet at the lower end of the ilium ; and frequently the valve of the colon, or the side next the ilium, is the part where the disease is farthest advanced ; a few ulcers are often found in the cæcum, and some dispersed along the colon. The peritoneum at the back of the ulcers is generally discoloured and vascular, and the vessels do not form numerous arborescent branches, but run in parallel lines, with others crossing at nearly right angles, as seen in Plate 13, fig. 4. In some instances the mischief extends more decidedly to the peritoneal covering, and inflammation takes place, marked by increased tenderness of the abdomen on pressure, and shown after death by the *curds and whey* effusion. In case 79, the ulceration had extended completely through the peritoneum, and the contents of the bowels escaped into the cavity of the abdomen.

In the cases before mentioned some disease was usually found in the mesenteric glands ; they were enlarged, very vascular, and sometimes had suppurated extensively.

At the onset of fever, deranged cerebral function is a leading symptom, and it is necessary to guard against congestion, or even inflammation, by cold applications to the head, after it has been shaved, and sometimes by leeches or cupping. There is also, says Dr. Bright, a secondary state of cerebral irritation, depending on the mischief going on in the intestines, and occurring later in the disease, producing delirium, and great general nervous irritation.

In almost all the cases of fever which occurred in Guy's Hospital in the latter end of 1826, the symptoms of abdominal derangement were early, and drew the greatest attention. In some cases the stomach was so irritable, that food and medicine were rejected, and a vomiting of bright green matter took place. Dr. Bright believes that in these, the upper part of the duodenum was most in fault ; and, where the abdominal irritation was most marked, the ilium, cæcum, and commencement of the colon. The irritation in the mucous membrane of the

intestines shows itself by tenderness at the pit of the stomach, vomiting, sometimes tenderness of the abdomen, and a relaxed state of the bowels. The dejections are watery, and "appear as if some powdery matter of the colour of ochre were thrown into turbid water and sunk to the bottom." The tongue is at first white and coated, but the existence of the intestinal irritation is always indicated by the tongue becoming red and, when more advanced, dry. There are three symptoms, says Dr. Bright, to which the attention of the practitioner should be directed constantly and minutely in fevers of this description,—the changes in the tongue, in the character of the dejections, and the degree of tenderness in the abdomen. Where the tongue is red at its edges and dry, irritation in the mucous membrane of the intestines is shown to exist; and when combined with the loose, yellow, gritty motions, there is generally ulceration, or a state very near it.

We now come to the treatment. The author observes, "I become every day more convinced that the treatment of these cases cannot be too simple, and that when the practitioner is once fully convinced of the importance of those changes which are going on in the intestines, he will never be deterred from the great object of allaying the irritation of the mucous membrane and improving its secretions, whatever other indications he may be obliged at the same time to pursue;" whether to subdue inflammation, to quiet general febrile action, or to support the system.

Sometimes at the beginning of the disease, the bowels are even rather confined. We must then remove any accumulations and prevent them for the future, by efficient, but not irritating, purgatives; calomel followed by castor oil, or calomel and rhubarb. As long as the motions are feculent and not too watery, purgatives will do no harm; but directly watery diarrhoea comes on, all brisk or irritating purgatives must be avoided; and if the yellow ochrey dejections have appeared, our constant object must be to allay irritation and improve the secretions, which is best effected, according to the author's experience, by a combination of hydrarg. c. cretâ, ipecacuanha, and compound chalk powders.* It will not do to at-

tempt to stop the diarrhoea: that must be well watched, and, if necessary, castor oil should be given with a few drops of laudanum, or an emollient glyster may be used. In this way it will generally be found that the progress of the disease will keep exact pace with the improvement taking place in the state of the alimentary canal. "Under this treatment, simple as it may appear," says Dr. Bright, "along with the mildest nourishment, I have seen the stools gradually change their character, the febrile symptoms regularly retire, and a state of complete convalescence succeed to the most threatening symptoms." When the abdominal tenderness is considerable, we should extract blood locally and foment. If the gastric irritation is urgent, leeches and cupping to the pit of the stomach give great relief; sometimes a blister or a mustard poultice after the bleeding may be required. Of medicines for this purpose, Dr. Bright recommends the effervescing saline draughts; the subcarbonate of magnesia with a few drops of vinum opii; opium in a solid form, with or without calomel; and soda water with a very small quantity of brandy.

The usual diaphoretic plans of treating fever appear to do harm in the cases we have before related; the antimonials and saline remedies especially. Tonics at a proper time are most valuable remedies, especially the quinine, where any marked remission occurs, taking care not to begin them too soon, but rather to allow the system to bear the febrile prostration unsupported for a day or two beyond the time when tonics would appear admissible. As the tongue becomes moist and loses its cracked and unnatural appearance, we may begin the tonic remedies; and, in some cases, we must not be deterred by the probability of the diseased state of the mucous glands of the intestines being still far from removed, as their sloughy and dark red condition rather seems to point out the propriety of giving more tone to the constitution. In all cases it is highly necessary we should guard against a relapse; in many instances it has seemed that an interval of several weeks is not sufficient so completely to heal the ulcerations, but that errors of diet or other imprudences have again lighted up the symptoms. Dr. Bright does not consider a

* Dr. Bright's formula is usually: R. Hydrarg. cum Cretâ, gr. iij. Pulv. Ipecac. gr. j. Pulv. Cretæ Comp. gr. x. M. ft. pulvis. He has often found

very small doses of calomel, even when combined with hyoseyamus, too irritating.

patient perfectly safe under three months.

The plates in this work are well executed, and Dr. Bright vouches for their being correct representations of the morbid parts. We think, however, that the author and the artists, in their anxiety to preserve the full force of that vivid and varied colouring which nature presents, have, in one or two instances, gone too far; this remark refers particularly to Plates 9 and 10, representing the conditions of the lung in phthisis. Nothing can be more excellent than the delineations of the diseased structure of the liver in Plates 6 and 6*; and the plates of ulcerated intestines, as they occur both in fever and in phthisis, are executed in a most striking and masterly manner. We hope that the profession will encourage Dr. Bright to extend his inquiries to the pathology of other diseases, and thereby induce other hospital physicians to make a similar use of their enviable opportunities for investigation. The volume is costly, but at no lower price can such inquiries be conducted, and a refusal to support them by the encouragement which they merit will put an end to such inquiries altogether. This book ought to be bought at least by every public library, and every provincial book club connected with the medical profession.

HOSPITAL REPORTS.

HOTEL DIEU, PARIS.

Poisoning with Sulphuric Acid—Remarkable Contraction of the Stomach.

A. M., 22 years of age, in consequence of being thwarted in her inclinations, swallowed a glass of sulphuric acid, mixed with water, with the intent of destroying herself. The greater part of this mixture was rejected by vomiting almost immediately; nevertheless the patient experienced violent pain, the vomiting continued, and febrile symptoms ensued: these yielded in some degree, but the stomach could not retain either food or drink, which were rejected the moment after they were swallowed. In this condition, the patient was brought to the Hôtel Dieu, where she died on the 8th of December, sixty days after having taken the poison, in a very advanced state of consumption. On opening the body, the œsophagus was found very much narrowed, and present-

ing appearances of recent cicatrices in several parts; the stomach was only two inches in width from the small to the larger curvature, and two inches and a half from the pyloric orifice to the cardiac, which caused M. Dupuytren to remark, "that although he had seen a great number of stomachs much contracted, under the influence of different causes, he had never seen it reduced to so small a compass." The anterior parietes of this viscus presented on the right side a perforation, the edges of which had contracted adhesions with the concave surface of the liver. It did not appear that any extravasation into the cavity of the abdomen had taken place in consequence of this aperture, for the peritoneum offered no traces of inflammation, excepting where its two reflections had become adherent at the edges of this solution of continuity. In the interior of the stomach, numerous cicatrices were seen, of very recent date, but all completely formed; the duodenum was also much contracted, though not nearly so much so in proportion as the stomach.

The Bladder divided into two Cavities by a Partition.

S. B., a little girl six years old, had been operated upon three times for the stone. Becoming again affected with calculi, it was proposed to destroy them by means of the lithotrite; but although it was easy to prove the presence of stone in the bladder, it was found impossible to seize it with the instrument for the purpose of breaking it down, after three several attempts made for that purpose. On the 12th of November, M. Dupuytren, therefore, performed the operation of lithotomy with the double lithotome, which he has employed for the last two years in the bilateral operation in men; with this difference, however, that in the female he introduces the lithotome shut into the canal of the urethra, in the same manner that he introduces it in the male into the incision made in the skin and the anterior parietes of the canal of the urethra. In the little patient in question, the double lithotome only penetrated to the depth of an inch and a half; but after several movements in different directions, it was found to have penetrated to the depth of two inches and a half. M. Dupuytren not doubting that it had reached the interior of the bladder, drew it towards him, causing the

blades to project, which, in coming out, made an incision on each side of the urethra; the forceps were then introduced, but the stone was sought for in vain. M. Dupuytren, certain of having felt it, introduced his finger readily as far as the neck of the bladder, but was stopped a little distance beyond by a partition, in the centre of which was an opening, a few lines only in extent, through which the two cavities communicated with each other. On each side this opening presented, in the direction followed by the blades of the instrument, an incision of several lines, evidently caused by the instrument. The stone, after several examinations, was found to be situated in the second cavity. The forceps being then introduced brought out the nucleus of a calculus, which was very friable; introduced a third and fourth time, they brought away the principal fragments: the rest was got rid of by means of two injections. The patient got well in a short time without any accident.

Supernumerary Lobe of the Liver.

In the body of a patient, who died in the Hôtel Dieu on the 18th of November, a supernumerary lobe of the liver was found: this malformation, which is not extremely rare, was however accompanied by circumstances which are perhaps quite novel. This additional lobe, which was about two inches and a half in breadth, and an inch in thickness, was situated to the left of the suspensory ligament, upon the convex surface of the left lobe, to which it was attached only by a narrow peduncle, and which had evidently been much compressed, and as it were strangulated. In fact, this peduncle was confined within the narrow triangular space which is found between the sternum anteriorly, and the peritoneum on the ribs behind, and by which the cellular tissue beneath the peritoneum communicates with that contained in the anterior mediastinum. It was in this region that the lobe itself, attached to its stalk, was lodged: upon the left lobe of the liver, at the base of this pedicle, several whitish lines were seen, resembling scars, as if in these points the liver had experienced some violence, or had been torn.

Paris, December 15th.

GUY'S HOSPITAL.

Laceration of the Urethra, followed by Extravasation and Sloughing.

WILLIAM SIMPKINS, a healthy boy, ætat. 14, was admitted into the hospital Nov. 19th, under the care of Mr. Key. On the morning of his admission, he fell across an iron chain, and received the weight of the body on the perinæum. Severe pain and inability to make water followed, and scarcely half an hour had elapsed before the scrotum began to swell; to this succeeded redness, and great tenderness on pressure. At eleven o'clock, when he was admitted, there was great distention of the scrotum, with ecchymosis on its posterior part, and a slight effusion into the prepuce.

Free scarifications were made into the scrotum, fomentations were applied to the parts, and a catheter was directed to be kept in the bladder.

22d.—Appeared to be going on well till last night, when he had an exacerbation of fever: the skin, however, is cool, tongue white, pulse 110, and weak. The ecchymosed part of the scrotum has assumed a livid appearance, and the cellular membrane, exposed by the scarifications, looks dark, and disposed to slough. There is a yellow hue to be observed on the lower part of the abdomen.

Quininae Sulph. gr. i ss. Camphoræ, gr. ij.
Ammon. Carbon. gr. x. 6tis horis. Catap.
Cerevisiæ.

23d.—Has had hiccough and sickness in the night, is anxious and restless; pulse 136, small, and very weak; tongue furred; the temperature of the body below the healthy standard. There is a great deal of tenderness in the hypogastric region, more especially in the right iliac, but it seems to be superficial, and entirely unconnected with the subjacent viscera.

Ext. Papav. gr. x. h. s.

24th.—The tenderness in the parietes of the abdomen having much increased, it was determined, in order to prevent farther infiltration, to cut down through the perinæum into the urethra, and to have a catheter passed through the opening, and confined in the bladder.—During the operation it was found, by examination with the finger, that a portion of the urethra anterior to the triangular ligament, and about two inches in extent, had sloughed. The

bowels are very much relaxed, pulse 130, and weak.

Tinct. Opii \mathfrak{m} x. ex Julep : Ammoniaë statim :
to have Arrow Root and Brandy. Omit.
[Pilul. ex Quinin. Sulph.

29th.—The slough which had formed at the back part of the scrotum has separated, and there is now a very deep sore, in which the tunica vaginalis of the right testicle is exposed. The pulse has risen to 130, but is compressible ; skin hot.

An incision was made on the 6th over Poupart's ligament, from which a quantity of fetid pus afterwards escaped. The boy lingered till the 14th, when he sunk into a comatose state, and died on the following morning.

In making a report of this case, Mr. Key remarked that there were many circumstances attending it differing from the ordinary cases of ruptured urethra. In those instances which had come under his observation, extravasation of urine had been arrested by passing a catheter, and leaving it in the bladder ; the inflammatory process already produced by the infiltration of urine generally setting bounds to the escape of the urine beyond the cells of the scrotum. In the present case, the infiltration was more diffused than usual, extending over the pubes, and into the scrotum ; yet Mr. Key thought that by free incisions into the scrotum, so as to allow the urine to escape, and by the introduction of a catheter to prevent further infiltration, the parts might possibly recover. In this expectation he was deceived by the extensive sloughing which took place ; not in consequence of the extravasation, but from the immediate effects of the blow on the perinæum and scrotum. On the fifth day, when the parts seemed to be completely in a state of spacelus, there was evidence of further extravasation evinced by the pain and redness about Poupart's ligament and the pubes : a free incision in perinæo was therefore now had recourse to, as being the only means of arresting farther mischief ; still, as Mr. Key thought that the extravasation proceeded more from the sloughing of the parts about the urethra than from any impediment to the free exit of the urine, he augured no great advantage from its performance. The event justified this opinion ; infiltration of urine continued to take place within the pelvis, and, as is frequently the case, the mischief extended along the cellular membrane between

the muscles and peritoneum, nearly as high as the diaphragm. Such an event could only arise from the sloughing of the pelvic fascia, which forms a boundary between the perinæum and cellular structure of the pelvis, and which no operation could relieve ; for, if nature could not set up an adhesive process to check the infiltration, the urine must, as fast as secreted, escape into the reticulated texture about the back of the bladder, notwithstanding any instrument that might be passed for its removal.

Under such circumstances, the only chance of saving the patient's life was, to make a free opening for the matter, as soon as its presence was suspected, and to trust to the powers of the constitution to support the patient against the influence of the mischief. A favourable termination, however, is rarely found to attend such extensive suppuration of reticulated texture. In the absence of post mortem inspection, which was not permitted, Mr. Key was disposed to attribute the fatal termination of the case to the original injury not being confined to that portion of the urethra anterior to the triangular ligament, but extending to the fascia and urethra behind the ligament, and thus causing extravasation of urine within the pelvis.

ST. GEORGE'S HOSPITAL.

Gun-shot Wound of the Abdomen.

JAMES CROFT, æt. 20, was admitted Dec. 23d, at half past ten A. M., when he gave the following account of himself. He was out in a field with some boys shooting sparrows, when one of the pieces went off, at not a yard's distance from him, and the whole charge entered his left side. This was about an hour previously, and, with a little assistance, he walked upwards of two miles to the hospital. On examination, there was found a circular wound, nearly the diameter of a half-crown piece, situated an inch above and behind the anterior superior spinous process of the ilium. On introducing the finger into the wound, it took a direction towards the colon, or a little behind it, passing to a considerable depth through lacerated muscle, and reaching a kind of cavity, in which shot could be distinctly felt. The countenance was pale ; the extremities cold ; pulse weak and fluttering ; not much pain ;

little or no bleeding from the wound; considerable drowsiness.

Mist. Æth. Comp. ℥j. statim. Catap. lini vulneri.

In the afternoon, reaction had taken place, and he was ordered salines, with sulphate of magnesia. The water which he passed now was quite clear and natural. At half past six P. M., after taking some tea and bread, he was attacked with severe pain in the abdomen, with vomiting, and great restlessness. He said that the food seemed to pass down to the wound, and stop there, and that he was sure the bowel had burst. A faecal smell could be discovered in the wound.

Hirud. xx. abdom.

24th.—Had a stool at seven P. M. last evening, quite untinged with blood. He passed a restless night, and this morning the pulse is scarcely to be felt; skin cold; vomiting; faecal matter in the wound.

Rep. Hirud. xij. Enema commune. Cal. gr. iij. Pulv. Jalap. grs. x. statim.

The enema was returned as injected, and at seven P. M., the pulse being a little stronger, he was bled to eight ounces; after which the pulse rose somewhat, and he felt relieved. He soon relapsed, however, the extremities became cold; the respiration hurried; and at three A. M. of the 25th, forty-three hours after his admission, he expired.

DISSECTION.—On cutting into the abdomen, the surface of the stomach and intestines was found smeared with a mixture of faecal matter, pus, and serum. The peritoneal envelope of both abdominal muscles and intestines was injected and inflamed in the highest degree, with, here and there, large patches of fibrine, a line, or more, in thickness. At the top of the sigmoid flexure of the colon, and opposite to it in the peritoneum, a rent was discovered nearly as large as the external wound; but the principal part of the charge had passed behind the psoas muscle, where it arises from the spine, forming there a large cavity, containing shot, wadding, and portions of the clothes carried in. No shot could be seen in the "cavity" of the peritoneum, but some had fairly stuck in the crest of the ilium. The bladder and kidneys were sound.

We know not whether military men will allow this to be a case of "gun-shot" wound, but, be that as it may, it is curious that the patient should have been able to walk upwards of two miles,

after receiving so serious an injury. There are many instances upon record, when after fatal wounds, of the heart, for instance, the patients have suffered very little for the first few hours, the system not appearing to be aware of the injury inflicted on it.

Whilst upon the subject of accidents, perhaps we may be excused for briefly alluding to a case, which occurred a day or two ago to Mr. Rose, at this hospital.

A young man was admitted, having fallen from the back of the Bristol coach half an hour previously, in a state of complete intoxication. When we saw him, which was soon after his admission, he was perfectly insensible; the pulse seventy, rather labouring; the pupil most intensely contracted, being no larger than a pin's head;* and there was a degree of stertor, or, at least, snoring, with a very strong odour of "geneva" for some distance around. Just over the spine of the occipital bone there was a circular wound of the scalp, about the size of a shilling, exposing the bone perfectly denuded beneath. No fracture or depression was discoverable, there or elsewhere. In the course of the day the pulse rose, and he was bled; and in the evening he brought up, by vomiting, a heterogeneous mass of pork, brandy, &c.; after which he became much more sensible, and the pupils began to act. Next day not a symptom of injury remained save the scalp wound; in spite of which, and all Mr. Rose's remonstrances, he left the hospital, put himself upon the top of the coach, and again set off for Bristol.

We mention this case principally with a view of calling the attention of our readers to the excessive contraction of the pupil, a state which Mr. Rose says he has generally seen in complete intoxication. In this patient there were many of the symptoms of compression of the brain; and indeed there cannot be a doubt that individuals are occasionally most severely, and even fatally, treated for such compression, when rest, or, it may be, the stomach-pump, are all that is wanted.

ST. THOMAS'S HOSPITAL.

Abscess between the Bladder and the Symphysis Pubis.

LOUISA THORP, æt. 42, was married at

* We are informed, however, that upon his admission it was extremely dilated.

the age of 20, and miscarried a year afterwards, in the sixth month. She enjoyed good health subsequently, but did not become pregnant for eighteen years, after which she again miscarried in the fifth month. She quickly recovered after this miscarriage, but did not menstruate till eighteen months afterwards, when she was attacked with profuse and painful flooding, which lasted three days, and weakened her considerably. In the following month (October) she began to suffer from pain in the uterine and lumbar regions, and on November 21st she was admitted into St. Thomas's Hospital, under the care of Dr. Elliotson. At this time her countenance was sallow, expressive of great suffering; she was much debilitated, and complained of violent pain in the hypogastrium, and over the pubes, shooting back to the loins, and frequently attended with a sensation of numbness and tingling in the right thigh, extending down to the toes. The hypogastrium and pubes were very tender to the touch; there was a copious discharge of a puriform matter, occasionally tinged with blood from the vagina; the urine generally passed freely, but had sometimes been retained for two days together. There was much tenesmus and pain in the rectum; the tongue was white; she had no appetite, and frequent nausea; the bowels were usually opened twice a day; the pulse was weak and small. The patient was ordered

C. C. ad 3xvi. lumbis. Opii gr. j. om. noct.
Magna. Sulph. 3ji. è Mist. Salin. Efferv.

She was not at all relieved, and on the 24th the pain and tenderness continued; the uterus, on examination, per vaginam, appeared to be quite healthy, but the discharge was of a dark colour and remarkably fetid. Ordered

Hirud. xviii. pubi. Calomel, gr. v. omni mane.

The pain was somewhat relieved on the 27th, but there was still great tenderness on pressure. The discharge was more copious, and she had a constant inclination to pass her urine, which was very fetid, and deposited an abundant mucous sediment. She complained of pain in the chest, and had a troublesome cough, which increased her sufferings. Ordered

Op. gr. j. Hirud. xvi. Pubi Empl. Canth. Pectori.

She was nearly in the same state on the 1st of December. The tenderness on the pubes was somewhat less, but

the discharge was still copious and fetid. Her cough was not abated. Ordered
Hirud. xii. et postea Empl. Canth. Pector.
Liq. Ant. Tart. 3j. è Mist. Ol. Oliv. sexta q.
hor. Omitt. Opium.

She was somewhat easier on the 4th, but evidently much weaker; hirud. xii. pub. There was very little change by the 11th, when she complained of soreness of the labia, which were found to be excoriated by the discharge. Ordered
Opii gr. j. om. noct. chlor. of soda lotion to the sore. From this time she gradually sank, and died in the evening of the 16th.

Examination forty hours after death.

On dividing the integuments over the pubes an abscess was found in front and deeply behind the symphysis, extending laterally beyond the abdominal rings, so that the round ligaments passed through it. The surface of the bone was rough and blackened, denuded of its periosteum, but not carious. The abscess contained a dark coloured and very fetid pus, which had free exit through the urethra, a portion of the whole circumference of which was here destroyed. The suppuration was entirely anterior to the bladder, which was rather turned to the right side, and, with the uterus and vagina, was perfectly healthy. The pelvis was large and well proportioned: the thoracic and abdominal viscera were not particularly examined.

MIDDLESEX HOSPITAL.

Anomalous Swelling of the Left Leg, attended with some curious Symptoms.

WILLIAM BRITTON, æt. 32, a watchman, was admitted in October last, for an œdematous enlargement of the left leg and thigh. The account which he gave of its origin was very obscure, attributing it entirely to the healing of a slight wound which he received three years back, on the shin. He alleged that the swelling was sudden, and that it had never diminished in size, excepting when in a recumbent position. His health had materially suffered from the continual pain, the loss of rest, and the inability to take his usual exercise. He had been in all the metropolitan hospitals. Cupping on the calf he affirmed was the only application which alleviated his suffering. When admitted, he presented the remains of a stout athletic man, and a countenance indicative of long and great suffering. The secretions were imperfect, but his most urgent symptom was an inability to pass a

turbid and scanty supply of urine. The left leg was very much larger than the right, and about 22 inches in circumference; tender to the touch, elastic, and only indentating on firm pressure, without any of the characteristics of inflammation, and of its natural colour. He was placed on Mr. Earle's bed, and diuretic medicines were prescribed, with the application of cupping and blisters.

For three weeks after his admission, he was daily alternating from better to worse, when at this time he was attacked with acute hepatitis, which was only subdued by the most active antiphlogistic treatment. During this attack, his leg was free from pain, and had nearly regained its natural size; but on the subsiding of the hepatic inflammation, the leg resumed its former appearance, with an aggravation of pain.

In November, the hepatic inflammation again recurred, and the leg, during its continuance, was free from all pain; but, as heretofore, when the liver was free from inflammation, the leg was as bad as before his admission. In this state he continued, the limb much in the same condition, partially relieved from pain by the application of belladonna plasters, and his health considerably renovated from the exhibition of tonic medicines; when, in consequence of some inadvertent expression as to the fatality of the case, made in his presence, he was anxious to leave the hospital, and consequently was discharged 27th November, since which time he has never come back again.

Had this case occurred in a female after parturition, it would most probably have been considered as phlegmasia dolens; and if that be an effusion of serum from the exhalants of the cellular membrane, the above case may be said to have a striking similarity.

Daniel Fickling's Case continued from our last.

January 3d. — The leg has been dressed daily since the last report. The discharge is good, the surface of the stump healthy, and the bone well covered.

We must correct the report in our last number:—Although it was the opinion of some, previous to the operation, that the femur was broken in two distinct places, on the examination of the limb it was found shattered just below where the bone was sawed through. The bones of the leg crushed by the waggon wheel were surrounded with

effused blood, the muscles being bruised and torn asunder.

ST. BARTHOLOMEW'S HOSPITAL.

Fracture of the fourth and fifth Cervical Vertebrae, with extensive lacerated Wound of the Scalp.

GEORGE FELT, æt. 45, was admitted Dec. 18th, under the care of Mr. Vincent, at eight A. M. It appeared that while loading a waggon his feet slipped, and he fell upon the back of his head. He was slightly stunned by the blow, but soon recovered the use of his intellectual faculties, and at the time of his admission was able to answer all questions which were put to him. There was an extensive laceration of the integument covering the occipital bone, which was denuded of its pericranium for some extent; his pulse was small and feeble, sensibility and motion much diminished in the upper and lower extremities, pupils somewhat contracted; the penis was in a state of erection; respiration chiefly performed by the diaphragm, the ribs not acting. The wound was brought together with a few strips of plaster; the head ordered to be kept cool, and a dose of calomel and jalap administered.

Mixt. Ammon. Acet. 4tis. horis.

At half-past twelve he was seen by Mr. Vincent. At this time the lower extremities were completely paralysed, sensibility and motion lost over the lower half of the body; he complained of pain in the back of the neck; a very slight projection was felt in the situation of the fifth cervical vertebrae. Mr. V. ordered the head to be kept wet with cold cloths, and should the pulse rise to lose blood in the evening. At twelve P. M. he was bled to 3xvj., the pulse having become much firmer.

19th.—Has passed a very restless night, still complains of pain and stiffness in the back of the neck; considerable reaction has taken place. There is no return of motion or sensation in the lower extremities; paralysis of the upper extremities rather increased. The bladder does not act, and the catheter is introduced night and morning; feces pass involuntarily; breathing free and easy; his speech and hearing not at all affected, and he remains perfectly sensible.

V. S. ad 3xvj. Rep. Mist. Ammon. Acet. c. Liq. Ant. Tart. mxxx. in sing. dos. Calomel, gr. iv. Jalap, gr. xv. statim.

At eight P. M. he felt somewhat re-

lieved; the pulse being full and not easily compressed, he was bled to $\frac{3}{4}$ xiv. Wound of the scalp tumified and painful.

Catap. Panis Capiti.

20th.—Much the same; pulse hard and frequent.

V. S. ad $\frac{3}{4}$ xv. pergat.

21st.—Pulse frequent and irregular. He died at 3 P. M.

Post mortem examination twenty-four hours after death, by Mr. Stanley.—On laying bare the cervical vertebræ, there was found to be fracture of the base of the spinous process of the fourth cervical vertebra, the right articulating process of which was thrown forwards upon the fifth; there was also fracture extending completely through the body of the fifth vertebra at its upper part; blood was effused between the vertebræ and sheath of the spinal cord. The thecæ vertebralis was not torn; the cord in the situation of the fracture was considerably swollen and much softened, but not lacerated; the upper and lower portion beyond the seat of injury possessed its natural structure. No unnatural appearances were observed in the brain; viscera of thorax and abdomen healthy: there was some slight degree of vascularity of the venous coat of the bladder near its neck.

Morbid Growth in the Femur.

On Saturday Mr. Vincent removed the limb of a man who had been some time suffering from a diseased knee. The joint was enormously swelled, projecting in a conical form towards the inside of the leg; its apex was soft and seemed to contain fluid, but the rest of the tumour was firm and unyielding, and was supposed to consist of a fungous growth attached to the head of the femur.

The patient was a miserable, unhealthy looking man, about 50, who had for twenty years of his life suffered from rheumatic gout, which had horribly distorted his hands. The disease in his knee commenced about three years ago, with pain and swelling of the condyle of the left femur; but, by the help of an issue, the swelling almost subsided, and the knee was nearly cured by Mr. Vincent. It, however, soon relapsed, and he has been several times in the hospital, where leeches, blisters, tartar emetic, and issues have been applied, without affording any relief, and the tumour has been gradually increasing, accompanied with

most severe pain and great disturbance to the general health, so as to render its removal the only remaining chance for his life: the patient has also had a diseased bladder and strictured urethra, the urine depositing earthy sediment.

At the operation, (which was performed by a double incision with the edge of the common amputating knife, but is certainly not so neat a method as that adopted by Mr. Morgan the other day at the Borough,) there was considerable bleeding; nine arteries were tied, and the hemorrhage from the femoral vein being troublesome, a piece of lint was applied to it, which is unquestionably preferable to tying it, as you avoid all the risk consequent upon the latter; and in this case it seemed to answer equally well, for there has been no farther hemorrhage.

On examining the tumour, a good deal of chalky substance was found in the subcutaneous cellular tissue, resembling the matter found in gouty joints, and the cartilage of the head of the femur was covered with the same. The principal seat of the disease seemed the internal condyle of the thigh-bone, the cancellous structure of which was filled with a gelatinous substance, which could hardly be called fungoid; it seemed to be more like soft soap than any thing else, and it had broken down the bony parietes of the condyle and made its way out into the joint and its neighbourhood; it was, in fact, a most curious looking substance, not to be likened to any known description of tumour. The rest of the joint was quite healthy.

After the operation the patient went on well till last Friday, when he had a fit of the gout and died next day.

EXTRACTS FROM JOURNALS,

Foreign and Domestic.

MALFORMATION OF THE GENITAL ORGANS.

SOME curious cases of this nature have lately been recorded by Professor Rossi. In the first of these there was absence of the vulva, yet pregnancy and natural delivery took place. The woman was married, but as the malformation of the genital organs was known, it was not suspected that pregnancy could have occurred, and consequently the pains she felt at the approach of labour were supposed to be arising from an attack of cholic.

Upon examination it was ascertained that there was *no trace* of the external organs of generation. The pubis was void of hair. It was thought that the pains might result from retention of the menses. M. Rossi examined the rectum, and determined on making an incision of three fingers' breadth in length in the natural direction of the vulva and vagina. He was much astonished at feeling with his finger, which he introduced into the wound, the membranous sac containing the waters laying over the opening of the neck of the uterus. The membranes ruptured after frequent and violent pains. The head of the fetus presented, and the labour was completed by the natural efforts. The child lived six hours.—The incision which had been made in the direction of the vagina was kept open, by means of a tube which was distended with air after its introduction, so that in future the canal might be of sufficient dimensions to receive the penis. That this intention was accomplished, is proved from the fact of the woman having become pregnant a second time, and in two years afterwards she was delivered by this new passage. The information which was gained from her husband led to a more careful examination of the rectum, and an orifice was found within the anus, which would only admit a small probe. This orifice communicated with the artificial canal which had been made by the surgeon, and was no doubt the channel by which impregnation had been effected.

In the second case, instead of the natural vagina, there was only a very narrow canal. The patient became pregnant, and was delivered at the full period of uterogestation. In this instance an incision was also made in the direction of the vagina. There was also a malformation of the urethra and neck of the bladder. In the third case there was a partial obliteration of the vagina.

The reflections which were suggested to M. Rossi upon considering these cases are not devoid of interest. In the first, such was the malformation of the parts, that the os uteri had no other external communication but by the small hole at the margin of the anus. This aperture was so small that it would not have been seen, had the parts not been very carefully examined. It did not pass in the direction of the opening of the cervix uteri, but formed an angle with that part. It is difficult,

therefore, to conceive that the male semen could possibly have penetrated the uterus. He therefore imagines, that “in quodam spiritu, quâdam aurâ, ex cuius præsentia organorum genitalium mulierum vis peculiaris modò absorbens excitatur.” In the second case also, it must be evident that the ordinary copulation could not have taken place, although pregnancy followed.*

SINGULAR DEFECT IN THE EYE, AND MEANS OF RECTIFYING IT.

MR. AIRY, of Cambridge, discovered a few years ago that he did not usually make use of the left eye in reading, and that it was entirely useless on looking at any near object. This he at first attributed merely to habit, and thinking that it might be corrected by calling the left eye into use, he endeavoured to read with the right eye shaded, but found that he could not distinguish a single letter, at least of small print, at whatever distance he placed the book. Some time after, Mr. Airy perceived that the image made in the left eye by a bright point, as a star, or distant lamp, was not circular, but elliptical, the major axis making an angle of about 35° , with the vertical and the upper extremity being inclined to the right. With concave spectacles (through which distant objects were distinct to the right eye) Mr. Airy found, that, to the left eye, a bright object, as those above mentioned, had the appearance of a well-defined line, corresponding to the major axis of the ellipse seen by the same eye unassisted. He also found that if he drew two lines crossing each other at right angles, and placed the paper in a certain position, and at a proper distance, one line appeared perfectly distinct, while the other was scarcely to be seen. On bringing the paper nearer to the eye, the fact with regard to the lines was reversed, the distinct becoming indistinct, and vice versa. “All these circumstances indicated that the refraction of the eye was greater in its plane nearly vertical, than in that at right angles to it, and that, consequently, it would not be possible to see distinctly by the assistance of lenses with spherical surfaces.” Mr. Airy's object then was to construct a lens capable of

* From the great obscurity with which the generative process is yet enveloped, every fact is worthy of being recorded that bears upon this interesting question. Many cases are related in a thesis by Tolberg, (*Commentatio de varietate Hymenum*, Halle, 1741,) in which pregnancy occurred without the introduction of the male organ.

refracting the rays in a certain point more powerfully than those in the plane at right angles to it; and after various ineffectual attempts, his purpose was effected by a person named Fuller, at Ipswich. One surface of the glass is cylindrical, the other spherical; both are concave. Vision is most perfect when the cylindrical surface is turned from the eye; and Mr. Airy can thus read the smallest print with the left eye as well as with the right, and may thus be said to have recovered the use of an organ, which, but for his own ingenuity, would have been permanently lost.

PLICA.

M. CUVIER has lately suggested a distinction between these two singular affections, both of which have hitherto been comprehended under the term *plica*. The one consists in an excessive developement of the hair, and the other in a sanguineous discharge which proceeds from the hair when it is divided. Two great a degree of activity in the organ which produces the hair may give rise to the former. The latter species arises from a morbid state of the bulbous origin of the hair.

MISCELLANIES.

MONUMENT TO DR. BAILLIE.

A MONUMENT to Dr. Baillie has just been completed, and placed in St. Michael's Chapel, Westminster Abbey. It consists of a terminal bust by Chantry, after the model of the ancients, standing about nine feet high, and formed of one block of marble. On the plinth is the following inscription:—

Mathæo. Baillie. M. D.

Coll. Reg. Medic. Lond. et. Edin. Socio.

In. agro. Scotico. Lanerkæ. nato.

Glasguæ. literis. instituto.

Oxoniæ. expolito.

Prælectori. Anatomico. apud. Londinium. insigni.

Qui. ad. certiore. rationis. normam.

Eas. anatomiae. partes. quæ. morbos.

Spectant. primus. redegit.

Medico. summo.

Viro. probitatis. integræ.

Animi. perspicacis. sinceri.

Simplicis. liberalis. pii.

Hanc. effigiem.

Complures. ejusdem. ætatis.

Medici. et. Chirurgi.

P. C.

Decessit. nono. kal. Octob. A. S. MDCCCXXIII.
Æt. LXII.

This monument cost about eight hundred guineas, and has been erected by the professional friends of the deceased. It was at one time proposed to make an extensive subscription, and to raise a more splendid memorial; but it was considered that the present simple, yet classical piece of sculpture, would correspond better with the private virtues, unassuming disposition, and spotless reputation of him whom it was intended to commemorate.

We understand that a connection of a more permanent kind has been founded among the committee for erecting this monument. We cannot imagine a professional association formed under better auspices, and we trust that it will keep alive the memory of one whose life presented a perfect model of all that was most honourable and most graceful in the medical character.

VAILLANT AND DUFOUR.

To the Editor of the London Medical Gazette.

Sir,

I OBSERVE in the last Number of your Journal (No. IV.) that you give as an extract from the "Portfolio of a Reading Doctor," a story of M. Vaillant, the famous medalist. — Your correspondent omits, however, many of the most amusing circumstances, and relates it very shortly. The particulars of the adventure are as follows:—

"Vaillant, who wrote the history of the Syrian Kings as it is to be found on medals, coming from the Levant, where he had been collecting various coins, and being pursued by a corsair, swallowed twenty gold medals. A sudden and violent storm freed him from the enemy, and he got safe to land with the medals in his belly. On his way to Avignon he met two physicians, of whom he demanded assistance. One advised purgations, the other emetics. In this uncertainty he took neither, but pursued his way to Lyons, where he found his ancient friend, the famous physician and antiquary, Dufour, to whom he related his adventure. Dufour first asked him, *whether the medals were of the higher empire?* He assured him they were. Dufour was ravished with the hope of possessing so rare a treasure; he bargained with him on the spot for the most curious of them, and was to recover them at his own expense."

The following lines of the *Dunciad* evidently refer to Dufour, under the name of Mummius.

Speak'st thou of Syrian princes? traitor base!
Mine, goddess! mine, is all the horned race.
True, he had wit, to make their value rise;
From foolish Greeks, to steal them was as wise.

More glorious yet, from barb'rous hands to keep,

When Sallee rovers chas'd him on the deep.
Then taught by Hermes, and divinely bold,
Down his own throat he risk'd the Grecian gold,

Receiv'd each demigod with pious care,
Deep in his entrails,—I rever'd them there,
I bought them shrouded in that living shrine,
And, at their second birth, they issue mine.

iv. 377.

I am, sir, your obedient servant,
W.

WATER DOCTORS.

THERE is a certain street in London on one side of which lives a Water Doctor, and on the other side is the office of the ——— Water Works. Not long ago, a poor woman going into this street in search of the water doctor, and seeing over the front of a house “——— Water Works,” concluded that this was the residence of the person she was in search of, knocked, and asked for the water doctor. The servant who opened the door, remembering that the man employed about smoky chimnies was called a chimney doctor, supposed that the persons in the office might be called water doctors, and therefore showed her into the office, where, unsuspecting of her error, she proceeded to state her complaint, and exhibit her bottle of water, at first to the utter astonishment, and afterwards to the great merriment of the clerks.

LINES

ON Dr. Bacon and Dr. Cook substituting the name of Kitchen instead of Kitchen-*er* in their Epitaphs, given in the *London Medical Gazette* of last week,

Both *Bacon* and *Cook* in a grave case have ERR'D,

See Gazette, No. 4; it appears by their showing,
That their friend is cut up, cut off, and in-
terr'd,

Which must rest at their door, for it's none
of Death's doing.

IMPROMPTU ON DR. COOK'S EPITAPH ON DR. KITCHEN.

No wonder our Cook was alive to the loss
Of the Kitchen, whom Death t'other day came
across;
For, thinks he, since Death takes a fancy to
look
T' the Kitchen, he'll probably want a good
Cook.

EPIGRAM.

“Perhaps,” said, a doctor one day to his friend,
“You remember a tale, which you made me attend:
That tale, sir, much more than you think of, has cost;
It detain'd me so long, that a patient was lost!”
“Alas!” quoth the friend, “I'm quite sorry for that,
That your patient should suffer by my idle chat.”
“He suffer!”—the doctor replied with a sigh,
“No!—he was a gainer!—the sufferer was I!
Nature pop'd in between, while I slackened my speed;
And the man had got well, before I could get fee'd.”

NOTICES.

We hope to hear again soon from Eblanensis.

The life of one of the *Saints* has been received.

Dr. Do-little's CASE shall be laid before the public.

We thank our unknown correspondent for his lines on the Epigram on Dr. Kitchen-*er*. We shall be happy to enlist him among our contributors.

The Letter of a “Surgeon Apothecary” in a future Number.

We trust that Mr. F. will let us hear from him as soon as convenient.

Omega has come to hand.—Wiseman was right about the College of Surgeons, and we hope his anticipation about the Apothecaries will also prove to be correct.

We will perceive that we have inserted his communication in the present Number.

“A Well-wisher to the Gazette” has our best thanks. We are most grateful for the very numerous offers of support and assistance which have been tendered us; the feeling in our favour is even greater than we had supposed, and demands our warmest acknowledgments.

ERRATA in No. IV.

Page 100, for “membraneous” read “membranous.”

Page 102, for “Lancet, Dec. 20,” read “Lancet, Dec. 22.”

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SATURDAY, JANUARY 12, 1828.

[VOL. I.

OBSERVATIONS

ON THE

DISEASES AND ACCIDENTS TO WHICH THE HIP-JOINT IS LIABLE.

BY CHARLES BELL.

Continued from his Clinical Lectures.

Gentlemen,

CONSECUTIVE dislocation must now occupy our attention. If a man slips and falls, striking the great trochanter upon the ground, the head of the bone bruises the internal, delicate structure of the joint, and may produce violent inflammation; or a violent inflammation may come on spontaneously, which is worse. The dislocation which I am considering, is not immediate, but even months may elapse after the accident, (if there has been one,) before the head of the bone is displaced from the socket.

The manner in which this displacement occurs I must endeavour to make clear to you. You will find that this has been explained on the supposition that the acetabulum shoots out granulations which fill up its cavity, and drive the head of the bone out of its place, thus effecting the dislocation; but it is not likely that you will be contented with this explanation. Endeavour to place before your minds what are the changes that take place when there is disease of the hip-joint. As the inflammation proceeds, the dense and strong binding of the joint is completely changed in its character. The ligaments lose their form; their texture becomes loose; they are spongy; they acquire a dull reddish white colour, instead of having their natural shining appearance. It may easily be conceived

that, having undergone these destructive changes, they are no longer capable of holding the bone in its place. But there is yet another cause operating which is to be taken into account,—what we have mentioned is not sufficient of itself to occasion dislocation of the thigh-bone.

You must recollect the position of the patient: the thigh is inclined at an angle to the body. This inclination and twisting of the trunk have increased, for the reasons I before explained, in proportion as the disease has advanced, and the angle has become more and more acute. When the structure of the joint has undergone those changes which we have been describing, there is nothing to prevent this unnatural position; the head of the femur is thus brought to the very margin of the acetabulum, and it is ready to start out of the



socket upon the slightest jerk communicated to the limb. Thus dislocation may occur by the mere turning of the patient in bed. The inclination of the pelvis to the opposite side is much greater in the acute inflammation of the hip than in the cases which you have seen. Some years ago a young woman was brought into this hospital suffering excessively from pain and tumefaction of the hip-joint; the agony was such as I have seldom witnessed: daily she became more and more twisted, so that the head and shoulders were lying over one side of the bed while the hip projected on the other. The high fever, attended with flushing of the face, soon gave way to hectic and debility, but there was no remission of pain: she died, if I remember, in the third week, and on carefully dissecting the hip-joint, having preserved it in the position in which she died, a large portion of the head of the femur was found beyond the margin of the acetabulum, and prepared to start backwards on the dorsum of the ilium.

It is not uncommon, when the dislocation has taken place in this manner, to find the symptoms remit, which we may explain by the fact, that the inflamed acetabulum is no longer irritated by the head of the bone; but there is sad distortion and lameness produced.

The shortening of the limb, which is consequent upon this "*dislocation consécutive*" of the French authors, must not be confounded with the apparent shortening which is consequent upon the pelvis being oblique in its position. Both proceed from the same cause, and they are therefore liable to be mistaken for each other. When the patient has been confined long with disease of the hip-joint, the unnatural position into which he twists himself causes the bones and ligaments of the spine to adapt themselves in their growth to this new posture: and hence when the patient rises out of bed, he is found to have his spine distorted, the pelvis being elevated towards one side, and depressed towards the other.

Inquire for a boy of the name of Sibret, who is now attending as an out-patient, and you will see what I now describe. Without having such a case before you the subject is imperfect. He walks with the assistance of a crutch: the heel is a hand's breadth from the ground: he rests only on the toes, which are turned outwards: the process of the right ilium is three inches above that

on the opposite side: the hip is thrust out, full and round, with an abruptness that would lead you to say at once, that the head of the femur was out of the socket. Two ulcers in the upper part of the thigh lead to sinuses in connection with the hip-joint.

This is the very last stage of the disease that I have described, and it is that which I must say is erroneously believed to be dislocation of the hip. It is, perhaps, the frequent recurrence of such appearances that has given so much interest to the subject of consecutive dislocation. I should be sorry to find you mistaking this for the absolute displacement of the head of the femur upon the upper edge of the acetabulum, an occurrence which is very rare. I have already described the position of the limb when the patient is confined to bed, and the different appearance exhibited when he is obliged to walk. I should have noticed the appearance in this boy as a third condition: when the patient, using one crutch, and that on the affected side, twists the limb round it, and turns out the toe. It is the use of the crutch that gives this peculiar appearance; and it is what you may see frequently in the streets.

There is in Clayton ward a patient (John Murray) with suppurations around the hip; and at the same time such condensation and stiffness as to promise ankylosis. This leads me to describe the last stage of this disease. When patients die, they are exhausted with long continued suppurations, and sink under hectic fever. A peculiarity which belongs to this joint must attract your attention. There is no rest to it; every motion of the body may be said to be accompanied with a movement of the head of the femur within its socket: even if the arm be raised, there is a change in the centre of gravity of the body, and the trunk must be poised anew upon the hip, as the centre of all our motions. It is remarkable how the slightest degree of movement in another part of the body is, as it were, necessarily accompanied with a motion of the surfaces of those bones which compose the hip-joint. If ever you should see a patient suffering with acute inflammation of the hip, you will see the proof of this; for every motion of the body gives extreme pain, and proves an additional source of excitement and inflammation. It is this consideration which leads us to understand the difficulty of curing the disease, and how

patients often die under our care after long-protracted illness. The influence of motion in keeping up irritation within the joint is, perhaps, illustrated best by attending to the spontaneous cure. In the course of the disease the head of the bone becomes absorbed: hence it is that the trochanters gradually approach, and finally come into contact with the pelvis, and by this means the motion of the bone is altogether interrupted. The most prevailing source of irritation is thus removed, and the consequence is that ankylosis rapidly takes place.

What I have hitherto said may perhaps be regarded as certain and practical: but I cannot tell how you may receive what I am now going to propose. I have observed that patients who have this disease recover when ankylosis of the joint takes place—when the bones become fixed and immovable. Founding upon this, I attempted by various contrivances to form an instrument which might keep the bones at perfect rest; but so great is the tendency in this joint to motion, that I have never yet succeeded. No instrument has ever been effectual in keeping the thigh and trunk fixed. I have been led to think that an operation might be performed here: that a cut might be made to expose the upper part of the femur, and the neck be sawn through: not, you will observe, to take away the head of the bone, but to permit it to remain at rest, and to form an adhesion with the acetabulum. In this case a joint will be formed where the bone has been divided.

I look forward to meeting with a case which may authorize me, from its desperate nature, to put this proposal into practice: but I will study the case long and anxiously before I execute it. You will observe, in considering this proposal, that the head of the bone has been taken away altogether in disease of the hip-joint, by my friend, Mr. White, with success. To take away the head of the bone implies a large incision, and a tedious and severe operation; whereas such a cut as would permit the use of a small saw to divide the neck of the bone, would not be a formidable operation. You will further take into consideration the effect of a cure that is produced by what is called the powers of nature, that is, by ankylosis. The femur is joined to the pelvis at an angle which corresponds with the position of the patient's limb when he is sitting; when he rises, and is moving about, he carries

the limb projecting before him, the thigh being at right angles to the body, by which it is rendered both useless and an incumbrance. How much better would such a patient be with a false joint so high as to retain the use of the glutei and psoas muscles.

[Mr. Bell summed up at this part with an account of the treatment for hip disease. At first leeches, and the warm, salt, hip bath; then blisters around the joint, kept open with the savine ointment: cupping: the application of moxa: a deep issue behind the trochanter. The support necessary for a scrofulous constitution: bark, bitter infusions, with soda, &c. A mild climate: sea air.]

After Lecture here referred to the operation of the American surgeon, Dr. Barton, and spoke in admiration of it. He said the idea of dividing the neck of the bone had been long in his mind, and had often been noticed in his Lectures; but it was very different from the principle on which Dr. Barton had operated. The operation of that gentleman was to saw across the bone and relieve it when ankylosed. Mr. Bell's notion was the reverse of this: to give rest to the head of the bone, and thus to permit it to ankylose.]

*Observations on Fracture of the Neck of the Femur.**

CASE I. *Henry Mather*, æt. 85, admitted 14th November. He is an old soldier, six feet in height, and exhibits the appearance of having been a powerful man. He is so deaf, that it is difficult to make him hear; but he is sufficiently communicative, and informs us that he enlisted under the gallant defender of Gibraltar. On coming down stairs he fell upon his right haunch, and was unable to get up again. His right leg is found to be about an inch and a half shorter than the other; when extension is made, it can be brought to correspond in length with the left leg. The injured limb falls outwardly, so that the toes and the knees point in that direction. There is considerable tumefaction around the hip-joint. Upon careful examination, no crepitus could be distinguished; the limb was drawn downwards, and twisted first to one side and

* It is usual for Mr. Bell to carry forward several subjects at once in his Lectures, drawing the attention of the students to the most interesting cases in the hospital. The observations which we are now to give, formed the part of a subsequent Lecture; but we introduce them here, as they are connected with those already delivered.

then to the other, but still no crepitus was perceptible. It appeared on rotating the limb, and holding the hands upon the prominences of the pelvis, that the trochanter did not make so full a turn under the hand as when the bone is entire. The conclusion was that the fracture was at the neck of the femur.

Thirteen leeches were ordered to be applied around the hip; cold lotions to be kept constantly upon the part. Afterwards he is to be swathed with a broad bandage embracing the trochanters and pelvis, so as to keep the fractured portions in apposition and at rest; his limbs are to be laid on the double inclined plane.*

CASE II. *James Gunn*, æt. 61, a watchman, admitted December 28th.—Last night his foot got entangled among some stones, and he fell upon his right side. He was lifted up and conveyed in a coach to the hospital. This morning as the surgeon went round he was found lying upon his left side, his face turned to the pillow, the body coiled up, and the right knee lying over the left thigh; the whole limb appearing short, rigid, and as if dislocated at the hip. He was asked to lie upon his back, but he declared it was impossible; by a little assistance and solicitation, he was brought round to that position. And then his right thigh appeared short, and the muscles at its upper part bulged out in a very particular manner, forming a distinct swelling. The toes were turned slightly out, and the limb was two inches and a half shorter than the other. The pelvis having been placed so as to lie square, the surgeon put his hands upon the trochanters to compare them together, and to measure their relations to the prominent parts of the ossa ilii; he found them to be in their proper places. The pelvis being held, he then took the two extremities in his hands, and drew them down until the heels came together, and the legs were of equal length. And now it could be seen that the peculiarity in the form of the upper part of the right thigh disappeared. This indicated pretty clearly that the man had fractured his thigh-bone high up. The surgeon then examined the thigh, whilst the house-surgeon extended the limb; and he said that the bone was fractured

near the trochanter, and that probably the trochanter was split. During the utmost retraction of the limb, the trochanter kept its proper place.

Let us now attend to the subject of fracture of the neck of the thigh-bone. The first observation I shall make regards the extreme brittleness of the bones in old people, in whom this kind of fracture is most apt to occur. This circumstance may perhaps arise from old, enfeebled persons being unable to take much exercise: we know that exercise is essential for preserving the strength of the body;—that “the exercise of a part is its stimulus to perfection.” The bones of an old, bedridden woman are so fragile, that, if she fall, they break like china-ware. Not long ago I attended a very old lady, who, in crossing her bedroom, tripped upon a fold of the carpet, and fell on her haunch. She was in extreme old age, and did not long survive this accident. Upon dissection, I found the trochanters and the head of the bone shattered in such a manner as you could imagine a gunshot to produce; there were eight fractured pieces lying together, surrounded with a bag of matter. More recently, I attended another old lady, who also fell and broke the neck of her thigh-bone. I could feel, externally, that the fracture was similar to that in the former case. I had not, however, the opportunity of examining the bone after death.

Fracture of the neck of the thigh-bone may occur in three different ways. It may, in the first place, be snapped simply across within the capsular ligament. If you remember how the head of the femur stands off at an angle from the shaft, and suppose the whole weight to fall directly and perpendicularly upon it, you can easily conceive how it may be snapped through where it is so narrow. Suppose a man lets himself drop from a window, and lights upon his legs, this accident is very likely to occur. Or suppose an old lady coming down stairs; she thinks she is at the landing-place when she has one step to descend; she stumbles forwards on one leg, and breaks the neck of the femur.

But it may be fractured in another way. If a person falls with his whole weight upon one of the thigh-bones, the cervix may be broken, and act like

* January 4th.—We are happy to say that the old soldier, Mather, has so far recovered as to be able to get out of bed; and he appears likely to enjoy a few years longer life.

a wedge in splitting asunder the two trochanters.



Or, in the third place, the person may trip and come to the ground with his whole weight upon the haunch; then the trochanters receive the impulse, and the head with the cervix of the bone may be split off at their junction with the shaft.

If the fracture should happen in either of the two last described ways, then it will be external to the capsular ligament, and there will be a probability of ossific union taking place. If it has happened as I described in the first instances, then both the fractured ends will be within the capsule, and you may despair of procuring union by bone. I hope you recollect the reason of this difference, for I attempted to explain it when speaking of fracture of the patella. In the one case there is laceration of the soft parts, and extravasation of blood, as in a common fracture at the centre of the bone; and all the processes for producing ossific union may take place. On the other hand, when the neck is simply broken across within the capsule, nothing but a more copious secretion from the joint is produced;—none of those changes of structure, accompanying common fractures, can affect the broken portions, as they are confined in the capsule; and hence we have only ligamentous instead of ossific union. I stated some arguments in favour of this explanation, in the circumstances attending fractures of the patella, olecranon, &c., and it is unnecessary for me to enter upon the same subject again.

There is one consequence of this junction by ligament, that motion is allowed between the two surfaces; and we find the neck of the bone becomes

absorbed and wasted: thus permitting the trochanters to come into closer contact with the acetabulum, and affording some additional support to the newly formed joint.

You saw the position in which the patient (Mather) lay, for I was careful to point it out to you: the injured limb was considerably shorter than the other, and the toes, you observed, were turned out. In examining him, the position of the pelvis was first attended to. Then the comparative length of the two legs was observed; and the degree of retraction on the injured side computed, to discover whether it was equal to what might be produced by the neck being fractured within the capsule. You observed in the other instance (James Gunn) that the retraction of the limb was two inches and a half, which is more than could take place in a fracture within the capsule: in Mather it was one inch and a half. Therefore I presumed that in the one the fracture was in the shaft of the bone high up; in the other that it was across the neck of the femur. But it is necessary you should be informed that there may be fracture of the neck of the femur, and yet no shortening of the limb. The broken surfaces may be fixed in apposition and entangled, so that it is only when the patient has been moved about that they slip off from each other, and that shortening of the limb is produced.

As to the direction of the toe outwards, which was observed in both of these cases, I hope you will anticipate me in its explanation. It is owing, on the one hand, to the neck being broken, which allows the limb to fall loose and gravitate by its own weight outwardly. It is owing, however, besides, to the action of certain muscles, which revolve it in that direction. The tendon of the psoas magnus and iliacus internus, you remember, warps round the bone upon the fore-part, and the fibres of the glutei wind about it behind, so that the action of both sets of muscles is to wheel the femur round, rotating it outwards. These muscles are prevented from turning the limb round when the bone is entire: but when the neck is fractured nothing opposes them.

When you are regarding the position of the limb, you must be acquainted with the appearances in dislocation of the hip. If the toe be turned out, and the limb, instead of being shortened, is longer than the other, you then suspect

dislocation; and that in a direction downwards and forwards, into the thyroid foramen. If the limb be shorter, but the toe turned in instead of pointing out, you suspect another kind of dislocation; the head of the bone is, perhaps, lodged upon the dorsum of the ilium. Here you will derive instruction from Gunn's case. We found him lying in the very posture of dislocation; but, upon turning him round on his back, the deceptive appearance was removed.

But you have seen two patients* in whom the toes were turned out, and the limbs were apparently shortened, after injuries of the hip, and in whom there was neither fracture nor dislocation. This shortening of the limb was only apparent, however, and not real; depending, as I showed to you, upon the oblique poisoning of the pelvis. This I formerly noticed to you was a common attendant upon inflammation being set up in the hip-joint; and accordingly it took place in these two cases. The toes were at the same time turned out; which circumstance, taken in connection with the other, caused considerable difficulty in ascertaining whether there were not fracture of the neck of the femur. But this turning out of the toe may be accounted for in this way: the patient having fallen upon his haunch, has bruised the muscles around the hip, and it gives him great suffering when they are stretched, as in moving the limb. He therefore seeks for a position of ease, and this will be in a relaxed condition of these injured muscles. The patient, therefore, turns out the toes, thus giving relief to the muscles on the outside of the hip by bringing their origins and insertions nearer, that is, relaxing them; producing the same appearance which we see when the neck of the femur is fractured. I beg your attention to another circumstance in the case of Mather. When we rotated the thigh and extended the limb, no crepitus could be felt. I hope you understand the purpose of our extending the limb while making this examination; it is to bring the two surfaces, one of which has slipped past the other, into contact; for it is then only that crepitus can take place, and unless we did this, we might suffer ourselves to be deceived if none were detected. However, there may be want of

crepitus independent of this cause. The head of the bone may possibly be entangled with the fractured neck, so as to move along with it, when the thigh is rotated, and then no crepitus can be produced. This may happen if the patient be lying in the horizontal position. But we must not confine our patient for two, or perhaps three months, without making it certain whether there be fracture or no. You, therefore, are to make your patient rise and stand erect, leaning upon the injured limb: you at the same time grasp the hip-joint with your hands, and if there be fracture you will not fail to perceive the crepitus.

I have said that fracture of the neck of the femur within the capsular ligament, such a case as I have been commenting upon, does not unite by bone but by ligament. I have also told you that there is another kind of fracture of the neck which may be united by firm bone. When you are engaged in actual practice, there is such a difficulty in declaring which of these two kinds has taken place, that you are to conduct your plan of treatment so as to afford your patient the very best chance. And this, I think, is effected by placing the limb upon the double inclined plane: the patient's hips should be swathed round about with a broad bandage, to compress the trochanters upon the head of the femur, and to keep the surfaces at rest, and in as close apposition as possible. Others, again, think this unnecessary, and that the weight of the patient's body while resting upon his side will be more effectual. Do what you will, however, the case is but a desperate one in a person of advanced age: and I have said old people are peculiarly liable to this fracture. They are very commonly worn out by the fever and exhaustion arising from the injury. Our attention must be directed to subdue the inflammatory action about the hip, and to sustain the patient's strength.

SHORT REPORTS OF THREE
CASES OF COMPOUND FRACTURE OF
THE SKULL WITH DEPRESSION.
WITH OBSERVATIONS BY

B. TRAVERS, F.R.S.

CASE I. Oct. 20th, 1827, *William Clark*, æt. 13, was brought into the hospital at eight P. M., in a state of stupor

* Mr. Bell here referred to the two last cases related at the commencement of his Lecture, (John Burn and John Hennings,) No. IV. p. 75.

from a severe blow with a staff flung from a height, which had produced a radiated fracture of the left parietal bone with depression. On his way to the hospital he had vomited twice. His pulse was small and irregular; skin pallid and cold; breathing hurried; frequent contractions of the muscles of the face and right arm; pupils moderately dilated, contracting feebly to the light, and much writhing of the body while the head was examined. The scalp wounds were dilated and joined, and four portions of depressed and detached bone removed with the forceps, used in part as an elevator. Another large portion not detached was raised to the surrounding level, and a space equal to about two inches of the dura mater lay exposed.

The symptoms of commotion subsided under a very sparing supply of nourishment, and continued quiet. He lost a few ounces of blood from the arm on the same night and succeeding day, and his bowels were kept gently open by castor oil. On the 22d (third day) his pulse was 140, and he was disposed to coma, with oppression of the chest, and complained of pain in the head. These symptoms yielded to a dozen leeches applied to his temples, and motions obtained by castor oil and a clyster. The wound was suppurating. On the 25th (sixth day) he was convalescent in all respects; pulse 120 and soft, wound healthy. After some days he had a smart attack of diffused inflammation of the connecting cellular tissue of the scalp and occipito-frontalis muscle, with much soreness and tumefaction on the opposite side of the head, and accompanied with fever. Twenty leeches were applied, and afterwards a cold lotion. He took a solution of salts with liq. antimon. tartar, and the part recovered without suppuration, since which his progress to health has been uninterrupted. He is now on the house diet, and goes about the ward with a small granulating wound, which is prevented from cicatrizing by the portion of bone exposed, which will soon exfoliate.

CASE II.—Nov. 10th, 1827, *John Williams*, aged 13, was admitted about noon, with a severe injury of the head from the falling of a wall after a fire. He was perfectly rational, and had no symptom of mischief to the brain, but a feeble pulse of 60, and a cold surface.

A lacerated wound of the scalp near the posterior extremity of the sagittal suture on the right side of the cranium

was dilated, and discovered a fracture extending from the suture, near its junction with the lambdoidal, across the parietal bone. The sagittal suture was loosened, and at some distance from the former transverse fracture another, commencing at the suture, took a diagonal direction. The triangular portion of bone included was driven in, and so wedged as to require the removal of a small portion of contiguous bone for the application of the elevator. This was done with Hey's saw. In raising a portion of the depressed bone which adjoined the sagittal suture, a free venous hemorrhage occurred, which was checked by applying a dossil of lint. He lost rapidly near a pint of blood, and it was apprehended that the sinus was wounded. In the evening he was found quiet; a slight oozing of blood had gone on from the wound. His pulse had risen, he was sensible, and not complaining of pain, but disposed to sleep. In the morning he was heavy to sleep, having passed the night in that state without restlessness. He was perfectly sensible when spoken to, but unwilling to be roused; his pulse feeble, and intermitting occasionally. He had passed urine, and rejected a dose of castor oil. Had no return of bleeding. The reaction of the system was imperfect. At two o'clock the same state, drowsy, but rational; some blood had issued from the wound. The bowels had not acted, and four grains of calomel and a common clyster were directed. These procured copious relief from the bowels. Between five and six he expired, with little if any change of symptoms.

On examination the exposed dura mater was found discoloured, and also a small wound in that membrane connected with a vein of the pia mater near its entrance into the longitudinal sinus, from which the hemorrhage had proceeded. The veins of the corresponding space of the pia mater were loaded, so as to give it a thickened appearance. The cortical substance was marked with specks of extravasation opposite the injury. Otherwise the brain was natural, firm, and healthy.

CASE III. Nov. 10th, 1827, *Stephen Briffet*, æt. 12, was brought in along with the former, having received a similar injury at the same time and place. He had been stunned, but was now recovered. The skin, however, was chilled, pulse small, and breathing slow. A flap wound of the scalp over the left parietal

bone near its upper and posterior angle exposed a fracture; and after a farther dilatation of the exposed integument, a central portion of the bone, of the diameter of an inch, was observed to be insulated, and driven down upon the brain. From this a fissure extended towards the sagittal suture. The depressed piece was raised by forceps, without the aid of the trephine or saw. In addition to bruises, there was also a lacerated wound of the eyelids of the left eye at the external angle of the orbit, which had detached them and penetrated the conjunctiva, so as to lay open the orbit on this side to the bottom. In the evening the boy was as well as could be desired, faculties perfect, and skin warm, with a moderate and soft pulse. Next day the bowels were opened with castor oil. Tongue and skin healthy, pulse soft. In the evening the pulse rose, and the dresser took a small quantity of blood from his arm, which induced faintness. On the third day, having passed a restless night, his appearance and manner became altered. He was very restless, tossing about constantly, and complained of a pain in his head. The pupils of the eyes were dilated. The bowels having been opened, and the stomach rejecting medicine, forty drops of laudanum were injected in a clyster and retained. This procured him five hours of sound sleep. 14th.—He refuses to take his antispasmodic draught; is irritable and restless. Pulse very small and rapid; muscular power impaired. He refers pain to his forehead. Five leeches directed to be applied to each temple, and a bread poultice to cover the scalp. 15th. (fifth day).—He has constant motion of the hands, and is incessantly talking. Pulse of the heart strong and vibratory, and beating at the rate of 170 in a minute, that at the wrist very small and feeble. Bowels freely evacuated by a clyster. In the ensuing night he was noisily delirious, and early in the morning expired.

Examination.—A boundary of adhesive matter, corresponding to the fractured and denuded bone, was seen upon the dura mater after raising the vault of the cranium. This membrane was sound. On raising it the general appearance of this hemisphere was paler and more bloodless than the opposite; the vessels of the pia mater being in a state of emptiness. The cerebral substance, on the contrary, exhibited very numerous red specks on section, and the cine-

ritious substance opposite the injury was preternaturally loaded with blood. The chambers and basis of the brain were natural, but its substance soft.

The fracture in each of these cases was compound, and comminuted, and accompanied with depression. In the first and third cases the depressed portions of bone admitted of being easily and expeditiously raised by the forceps and elevator; in the second, the removal of a small angular piece of contiguous bone by Hey's saw was necessary to obtain a fulcrum for the elevator, so deeply and firmly were the depressed pieces indented and wedged. In the first and third cases the dura mater was uninjured; in the second that membrane had been penetrated, for in raising the fractured portion next the loosened sagittal suture, the corresponding half of which was slightly depressed, a full stream of venous blood issued. In the examination a small opening in the membrane occupied by a coagulum, and corresponding to that of a large pia matral vein just entering the sinus, was noticed.

In all these cases the symptoms were those of commotion; in the second and third so pure, that undoubtedly I should not have interfered with them, had not depressed fragments of bone lay palpably exposed by the extent of the scalp wounds. In the first case there was evidence of pressure also, and of its relief by the operation, in the state of the senses, the breathing, the pulse, the pupils, &c., as compared before and after the operation. But the recurrence of similar symptoms on the third day, as well as the character of those first displayed, does not admit of this being entirely referred to the displacement and pressure of the fractured bone; it was like the greater number of these accidents, a mixed case.

Whilst hesitating to operate upon Williams, the second case, it was observed that a circular piece of bone was apparently missing, but upon gently dropping the probe through the aperture, it struck upon the surface of the displaced bone, and the apprehension of consequences from its complete impaction beneath the cranium determined me to proceed. It was by this piece that the dura mater had been torn, and, as the event proved, there would have been less risk in allowing it to remain; for it is probable that the boy's death

was accelerated, under the existing circumstances, by the free hemorrhage from the pia matral vein. Still I am disposed to think, from the similarity of the cases, the well doing of Briffet until the third day, and the character of the symptoms which then set in, and destroyed life on the sixth, that we could scarcely have calculated upon a happier fate for Williams, had the dura mater been uninjured, and the loss of blood avoided.

Both these lads, Williams and Briffet, had been stunned, and laboured under the effects of severe physical shock or concussion. They were passively intelligent, pale, cold, with a small and feeble circulation. There was nothing in the symptoms that pointed to the head as the seat of injury. Their state was undistinguishable from that which we see every day produced by injuries of parts remote from the brain. Nevertheless they were in process of gradual recovery from the effects of a direct concussion of the brain, which an hour before had deprived them of sense and motion. The boy Clark (No. 1) had been stunned to insensibility, and remained stupid, tossing his arms about, and moaning when disturbed for examination. He also was pale and cold; his pulse feeble and intermittent; he had rejected the contents of his stomach; his breathing was oppressed, not stertorous; pupils dilated, but not motionless. The relief following the operation in his case was marked and immediate.

The mode of injury by which a concussion is inflicted, must, I apprehend, influence not only the degree, but the character of the mischief. The singleness and purity of the concussion, or its combination with compression, creates a marked distinction. The nature of a concussion, as of a fracture, is probably determined by the more diffused or circumscribed operation of the force by which it has been inflicted. Clark (No. 1) was struck with a rail, or piece of wood, flung from a loft. Williams and Briffet were buried under the ruins of a falling wall.

Modern experiments have shown the difference in the effects (upon the organs which maintain life) of an injury which wounds or divides, and one which crushes or breaks down the structure of the brain or spinal marrow—between the wound, or removal of a part, and the disorganization of the mass. I use

this only as an illustration of my meaning; there is no analogy, I am aware, between the appearances of concussion, if there be any, and of læsion. But it would appear that the effects of a severe concussion are entailed upon the injury from the moment of its infliction, although the immediate symptoms of disturbance sometimes recede, and an interval of comparative tranquillity succeeds to it. For where no læsion of the brain or its membranes, nor any inflammatory action has existed, how otherwise can we explain the recurrence of symptoms similar in character to those which mark the first stage, that is, of purely nervous symptoms, after a period of three or more days, and their speedily fatal termination, but by supposing a deeper and more universal injury to the nervous mass than was at first apprehended. The extraordinary frequency and conspicuousness of the red points, upon section of the medullary substance of the brain, I have noticed repeatedly, contrasted with the empty state of the vessels upon the membranes, in cases in which the symptoms of shock had prevailed, both consequent upon, and unconnected with, injury of the head. A congested state of the capillary arteries to so considerable a degree as to render many conspicuous, which in a healthy brain are invisible, is a phenomenon opposed to that actually presented in fatal determinations to the head, in which the veins of the membrane are loaded, that in this are pale and collapsed. This congestion of the cerebral circulation in the arterial capillaries, or at least colourless vessels, must be gradual, and unlike that which happens in the general circulation at the moment of death. It is probably an effect of the impaired tone of the nervous structure, but it must exercise in turn a most extended influence on the actions of that system, and the functions of life. This, and the tendency to serous effusion, commonly regarded as the signs of inflammation, are the most notable appearances met with after death from concussion. Dr. Wilson Philip, in his chapter on serous apoplexy,* has some interesting observations tending to show the analogy in the symptoms of concussion and of serous apoplexy, as contradistinguished to those, likewise analogous, of sanguineous apoplexy and compression. The depleting treatment

* *Enquiry into the Laws of the Vital Functions*, p. 311.

cannot be borne in the former, which the latter calls for. Inflammation is equally remote from both.

The disturbance or deprivation of the natural influence of the nervous system over the action of the heart and blood-vessels, is the leading phenomenon in concussion, and the recovery of a healthy circulation is the first and best sign of security from its effects. The loss of a small quantity of blood threatens syncope, and if the bleeding were carried to this extremity, the syncope would probably be fatal. The imperfect reaction which supervenes upon concussion has been described as its first stage, which is correct if we regard excessive reaction, as in the case of Briffett, as the second. Inflammation, which has been described as the third stage, is, properly speaking, no part of the disease. An occasional consequence it certainly is, as of a sprained joint, but by no means so invariable as to justify the directions generally laid down, to keep the lancet in one hand, and the pulse in the other; to anticipate rather than await its attack, as the certain attendant upon concussion. I venture upon this observation as a caution to my juniors in the profession, against the premature employment of the lancet in concussion, that is, before the circulation has completely recovered itself, or rather before the commencement of an action decidedly inflammatory. It is curious to observe how blindly the notion has been acted upon, which has been so generally and energetically impressed. The quantity of blood which a man can afford to part with in a given number of hours, is commonly exemplified by reference to cases of inflammation of the brain. Now, concussion and inflammation have unfortunately been identified, and lives have as undoubtedly been lost in the former, as saved in the latter, by the lancet. The reporters of the cases speak of a cold and pallid surface, and a sunken pulse, and its further sinking under the lancet, and their fear to proceed, in the same paragraph. Day after day, however, it has been resumed, as if in obedience to an abstract principle, and it is stated as matter of regret that only four or six ounces, instead of eight or twelve, as ordered, could be obtained at the last bleeding.

In most cases of concussion, the following treatment will, I think, be found most suitable. To relieve congestion and no more, leech bleedings and

lax, not fretted, bowels—I prefer calomel or castor oil, as the case requires, and the domestic clyster—cold lotion to the shaved scalp, blisters to the occiput or nape of the neck, stimulant enemata, as of turpentine and assafoetida, if there be stupor and drowsiness, and if vigilance, tremors, and delirium, with a stomach too irritable to retain medicine, opiate clysters. The effect of both these remedies is excellent in the states described. In a very interesting case by Dr. Thomson, of Halifax,* which was all but lost by excessive and precipitate venesection, and when the patient was apparently so near dissolution that the friends had actually left the apartment that they might not witness the last agonies, an injection of assafoetida and vinegar restored the patient almost immediately and completely. When, as usually happens, the alvine secretions are torpid, acting powerfully and steadily on the liver and bowels, has proved a most effective treatment. Calomel, for example, given at short intervals, in doses commonly sufficient to purge, has affected the system, and removed all the symptoms at once. I have known the state of insensibility suddenly removed by violent bilious retching. Many cases of severe concussion do well by very gentle but attentive treatment, such as I have outlined above, and if such temperate treatment were more usual, I believe the patient's chance would often be improved. It is with a practical view that I would enforce the distinction between concussion and inflammation of the brain.

I am fully aware of the value of blood-letting in inflammation of the brain and its membranes, but dangerous as is this crisis, I do not regard it as the most alarming consequence of concussion. The more pure the concussion the less is early inflammation to be apprehended; if it be at the same time severe, the power by which inflammation is supported is wanting, and its accession, with proper caution, is less probable. Cases of concussion require to be incessantly watched. I do not see the force of the objections which have been taken to the practice of administering cordials in the state of extreme prostration, or first stage of severe shock. A light cordial in suspended or depressed animation, from accidents of whatever description, appears to me to be indicated. The abuse is its repetition when

* *Edinb. Med. and Surg. Journal*, vol. x. p. 12.

the circulation is restored. Opium is said to be generally inadmissible in affections of the head. In the case before us this statement also requires qualification. If the opium be exhibited when the restlessness and vigilance of the patient demand it, the bowels being free, its effect upon the condition of excessive reaction is most satisfactory. It suspends the exhausting vigilance and mobility of the patient. I have seen this effected by small doses of opium administered by the stomach, but more decidedly by a full opiate enema; and it is better to avoid giving medicine by the stomach habitually or at stated intervals, even if that organ be disposed to retain it, which is always doubtful. These are peculiarly cases for injections.

The operation of the trepan is now in little use. Mr. Pott's discriminating and judicious essay on this all-important subject, retains its value to this day in numerous instances. But the general employment of the trephine is an exception. Mr. Hey, and other eminent surgeons of the last school, adhere to the doctrine of trepanning, not for symptoms, but for depressions. Mr. Abernethy's observation led him to challenge the value of the operation. Cases of fracture, simple and compound, with obvious depression, but without symptoms, have been observed to do well without the surgeon's interference; and the records of surgery, both civil and military, present instances in which not bone only, but foreign bodies driven in upon the brain, were unattended with symptoms of compression, and consigned successfully to the operation of nature. Such cases were, for the most part, assiduously watched, and inflammation, when it appeared, was kept in check by a course of extreme abstinence, bleeding, purging, and cold applications to the head. The general inference is, I believe, warranted, that no class of injuries has done less credit to the officious surgeon than those of the head.

Nevertheless, when a fracture with real symptoms of compression presents itself, no surgeon can be warranted in refusing to examine such fracture, though the integuments should be unbroken; still less can he refuse to raise depressed pieces of bone, if, with such symptoms, they are exposed to view. As to the objection to divide the scalp, founded on the comparison with simple and compound fracture of the arm or leg, I confess that it appears to me an over-

strained analogy. The relation of the cranium and scalp is as dissimilar as possible to that of the long bones and their coverings. Neither the division of the scalp nor the necessary exposure of the bone would add one jot to the danger of membranous inflammation, where the fractured pieces were depressed or fairly driven in upon the dura mater; rather, I imagine, if it were timely and carefully done, the contrary. It is in corroboration of this remark that so many cases have done well where the brain was severely wounded, or a part of its substance lost; and the necrosis and exfoliations of the cranium and the fungus cerebri prove, by their freedom from symptoms and frequent well-doing, that the mischief of exposure is more presumed than real.

I shall now suppose a case that more frequently happens, in which it is important that our practice should be decided. Cases of mixed symptoms are more frequent than such as admit of no mistake. In their descriptions authors have displayed a regard for more exact and positive distinctions than nature commonly exemplifies. To give a system-like simplicity and an oracular tone to their directions, they have introduced diagnostics which are seldom seen, and still seldomer to be relied on. Take concussion and compression for example. The most frequent case is that in which the symptoms of commotion and pressure are so far blended as to make it doubtful whether, if not depending upon, they are not at least maintained by the displaced portion of bone. In a consultation one party decides that it would be most prudent to elevate the depressed piece immediately, because when inflammation is set up, and the symptoms become urgent, he considers that the operation aggravates the injury and quickens the fatal event. The other questions this fact, and prefers to take the chance of the symptoms subsiding by abstinence, depletion, &c. Now which of these parties is right? Thus far the question was tried under my observation many years ago at Guy's Hospital. Two boys were admitted, patients of the same surgeon, with compound fracture of the skull and depression. Neither had any symptoms of compressed brain, and, consequently, no operation was practised. After some days one of them was attacked with symptoms of inflammation, and the depressed bone was elevated.

The symptoms were not in any degree mitigated, and the boy died. In the other the operation, which had been hitherto postponed, was now performed, and he did well. He might, however, have done as well had he been let alone, no symptoms having occurred; and the narrative therefore only shows, what we were predisposed to believe, that where inflammation of the membrane follows upon depression the operation is of no avail. Inflammation of the dura mater is a consequence of depression, but if the parts be undisturbed it may be limited to the spot, and the membrane be preserved from suppurating and spoiling. I should consider the advantage of being beforehand with the inflammation, the many facts to prove that depression is by no means an irrecoverable condition, the probability that if it be so inconsiderable as not to produce symptoms in the commencement, it may be prevented from afterwards doing so, as full and sufficient grounds for declining the operation in all cases in which no real symptoms of compression presented themselves. On the other hand, the symptoms of compression being present, the operation, in my judgment, should be resorted to whether the scalp were wounded or not. Thus I would make the presence of symptoms of compression, *cæteris paribus*, the criterion by which to determine the fitness of the operation; and the more marked the symptoms the more indispensable the operation. And when, as in the case supposed, the symptoms are of a mixed nature, and they are never absolutely separable, we must be guided according to the predominance of either, bearing in mind that in proportion as pure concussion prevails, any operation is objectionable.

Bruton Street, Jan. 2.

NEEDLES EXTRACTED FROM VARIOUS PARTS OF THE BODY.

To the Editor of the London Medical Gazette.

Sir,

HAVING observed in your Journal an account of a case at the Middlesex Hospital, in which a large pin was removed from the abdominal parietes of a female, I beg to send the notes of an

analogous case which occurred to me some time ago.

Your obedient servant,

Saville Row, Dec. 29.

B. C. BRODIE.

Mrs. H., a middle-aged woman, had been for a considerable time placed under circumstances which made it necessary for her to make exertions beyond those to which she was well equal, and which also occasioned her to undergo a great deal of anxiety and affliction. When at last these circumstances had ceased to exist, she was left in a state of great nervousness, languor, and depression of spirits, and subject to fits, apparently connected with hysteria, in which she was for a time in a state approaching to that of insensibility. Her complexion was pale; she had little or no desire for food; and she complained of a constant pain, which she referred to a spot on the left side, about three or four inches in diameter, in the situation of the short ribs.

One evening she rung for her maid-servant, and told her that she had dropped a paper containing fifty small needles on a low stool on which she rested her foot, and that she thought some of them had stuck in her leg. It was supposed that previous to her ringing the bell she had been seized with one of the hysterical fits already mentioned. The servant sent to a medical practitioner in the neighbourhood, by whom she was usually attended. This gentleman discovered the ends of two small needles projecting through the skin a little above the ankle, and he extracted them with the assistance of a pair of forceps. On looking at the paper of needles which had been dropped, eight of the needles only were found left out of the fifty which it was said to have contained. The footstool was then examined, and at a subsequent period it was broken to pieces, and two or three broken pieces of needles were discovered in it, but nothing more.

A few days after this, Mrs. H. said that she had discovered another needle in her leg. I was now sent for to see her: I found her very nervous and hysterical, and complaining a great deal of pain in her side and leg. I examined the latter, and felt distinctly the extremities of two needles a little below the skin. I made a puncture over each of them with a lancet, and extracted them with a pair of forceps. A few days afterwards I was sent for again

to see her, and I removed two more needles from the leg. At different periods after this in the course of the ensuing six or eight weeks, several more needles were discovered, which I also extracted. I removed in all as many as twenty-six needles, two had been taken away before I was called in, so that the whole number amounted to twenty-eight. During the whole of this time, Mrs. H. suffered exceedingly with pain in the leg, which became œdematous, and much swollen; she took scarcely any food; had very little sleep; became still more enfeebled than she had been before: and none of the remedies which her physician prescribed seemed either to increase her strength or lessen her sufferings. The pain in the left side continued, although she spoke of it less than formally, on account (as it appeared) of her attention being occupied by the greater degree of pain in the leg.

Towards the end of June, she was observed one afternoon to be weaker and more depressed than she had been before. During the evening the symptoms of exhaustion increased; she gradually fell into a state of insensibility, the pulse became imperceptible, and the extremities cold, and at two o'clock on the following morning she expired.

I examined the body in the presence of her other medical attendants. No morbid appearances could be discovered in any part, except the leg from which the needles had been extracted, the cellular membrane of which was loaded with lymph and serum.

Several needles were found to have been left imbedded in the cellular membrane. The exact number was not ascertained, but there was reason to believe that they were sufficient, with those formerly extracted, to account for the whole number which had been missing.

The side which had been the seat of the pain was very carefully examined, but nothing was discovered in it to account for the uneasiness which had been referred to that part.

CARCINOMA OF THE CÆCUM.

To the Editor of the London Medical Gazette.

Sir,

IN the Second Number of your Journal, you were pleased to report a case of carcinoma of the stomach, which

had been under my care at St. George's Hospital; I now, therefore, send you the history and dissection of a case in which a similar disease was seated in the cæcum and ascending colon; for which, perhaps, you may find room in the next Medical Gazette.

Your obedient humble servant,

W. F. CHAMBERS.

St. George's Hospital, Jan. 1.

George Wilmot, aged nine years, from Hammersmith, of a strumous habit, and much emaciated, was admitted on the 28th of November, with dropsy of the legs, thighs, and abdomen. Besides the fluid in the belly, several hard immovable tumours were felt, occupying the hypogastric and umbilical regions, and extending upwards into the right hypochondrium. The tumours formed an immovable mass of an irregular surface, and seemed for the most part attached to the right side of the spine. There was considerable tenderness of the parietes of the abdomen, the superficial veins of which were much distended. The pulse was small, weak, and frequent, the skin was rather warm, the tongue white, the bowels open, the stools being muddy and offensive, and the urine deposited the lithates and purpurates, devoid of the natural colouring matter of this fluid (the pink sediment.)

The previous history of this case was, that three years before his admission he had suffered from an attack of continued fever, after which he remained for a long time very weak and low; that two years ago the belly became distended, and the hard tumours were then first perceived; his legs had swelled only three months before his admission.

He was now placed on a light, farinaceous diet, and ordered to take Every night three grains of Calomel; three times a day a Nitre draught, with half a drachm of Spir. Ætheris Nitrici; and every other morning a Senna draught with half a drachm of Supertartrate of Potass, and twenty minims of Tincture of Jalap.

Under this treatment the dropsical swellings were nearly removed in the course of ten days. The motions became of a better colour, and the urine ceased to deposit any sediment, but no alteration was observable in the hard tumours, and the tenderness of the parietes of the right side of the abdomen was still distressing; there was however no tension, and no fever, but excessive debility.

The calomel was now left off, and half a drachm of linimentum hydrargyri was ordered to be rubbed in over the abdomen every night, his bowels were kept open by ordinary means, his pain was alleviated by opiates, and other indications, as they arose, were met by the usual treatment, which it is not necessary to describe at length.

He died on the 19th of December, and the next day his body was examined.

The following were the appearances exhibited by dissection. There were no traces of inflammation of the peritoneum. A large, irregularly shaped, whitish mass was observed occupying the hypogastric, right iliac, and umbilical regions, and extending up to the inferior surface of the liver. On cutting into the tumour, it was found that the interior of the cæcum and ascending colon, of which parts it consisted, was throughout in a state of foul ulceration, whilst the tunics of the intestine, as far as they could be made out in the midst of so much disorganization, were enormously thickened and hardened; the thickened and indurated parts had the character of true scirrhus; and the ulcerated surface was studded with processes of malignant growth, and had the common aspect of open cancer. The canal of the intestine was not obstructed, and the diseased surface was smeared with healthy feculent matter. Most of the absorbent glands in the neighbourhood of the tumour were enlarged and indurated, and some of them were in a state of unhealthy suppuration. In many other parts of the intestinal canal, particularly of the ilium, a growth of a scirrhus character was observed amongst the coats of the bowel. Some of the glands in the mesentery were enlarged. There appeared also in the cortical part of each kidney, the commencement of a disease similar to that observed in the bowels.

The other viscera were healthy.

There are, I think, few if any instances on record, of true cancer occurring at so early an age as that of the patient whose case I have just related, (namely, nine years.) It is true, that what was called cancer by the older writers is by no means a rare disease in infants and very young children; but modern pathologists well know that this latter affection is a fungoid disease, of a species altogether different from true carcinoma, which is now justly considered a disorder, for the most part, of advanced, or at any rate of adult age.

Some light may, perhaps, be thrown on the early occurrence of cancer in this little boy by a reference to the history of his case. It appeared that his first complaint was a *continued fever*, which occurred three years ago, from the effects of which he never entirely recovered, and to which, in fact, his friends attributed his abdominal disease. Now when it is recollected that almost all the fevers which prevailed in this district three years ago, were attended with considerable inflammation of the mucous membrane lining the cæcum as well as the ilium, and many of them with ulceration of this part, it will, I think, seem probable that the irritative effect of this morbid process, may have contributed materially towards the development of the malignant disease (to which he may have had a constitutional predisposition) at a much earlier period in life than if such an exciting cause had not been present. And after it was produced in one part, that a similar malignant action should have exhibited itself in other organs (such as the kidneys) not immediately connected with its original seat, will excite no surprise in the minds of those acquainted with the progress of such affections.

It might have been supposed, at first sight, from the boy's age, strumous complexion, emaciated habit, and tumid belly, that his disease was marasmus or mesenteric tabes, (as it has been called.) But some of its features at once distinguished it from that affection.

In ordinary obstruction and disease of the mesenteric absorbent vessels and glands in children, the swelling of the belly is a hard, tense, uniform, elastic enlargement, in which fluctuation is scarcely ever to be felt, or is, at any rate, from the scantiness of the fluid effused, when effused at all, exceedingly obscure and doubtful; the legs and thighs also are scarcely ever swelled. The very character of the swelling, besides, prevents the practitioner, in such cases, from feeling the enlarged mesenteric glands. There is, moreover, in mesenteric tabes no tenderness on pressure, and very little pain.

On the contrary, in this case, there was an abundance of fluid fluctuating freely in the abdomen; the cellular tissue of the legs and thighs was also much charged with serum. The shape and size of the circumscribed tumour within the abdomen could be felt, even before the quantity of the accumulated serum

had been diminished by medicine, and afterwards, its extent and dimensions were clearly ascertained: and lastly, there was no tension, except that which depended on the dropsical effusion, and which disappeared with its subsidence; and no rigidity of the parietes of the abdomen, although there was very considerable tenderness on pressure, even to the last, but without fever, or any proper inflammatory symptom.

MEDICAL ATTENDANCE ON THE COUNTRY POOR.

(Concluded.)

I CONCLUDED my former letter by remarking that another plan for supplying the sick poor in the country with better medical attendance than what they now receive, was to form an order of women similar to the Beguines of Flanders, and the Sœurs de la Charité of France; to give them such practical instructions in medicine as would enable them to detect and relieve the common forms of disease, and to station them in the country parishes of England. This plan was first proposed two years ago by an anonymous writer in *Blackwood's Magazine*, in a paper entitled "Protestant Sisters of Charity." The proposal was soon followed by a pamphlet under the same title, addressed to the Bishop of London, and signed "A Country Clergyman," in which the proposal of the anonymous writer was adopted and enforced. Some efforts were made to induce the established church to put the plan to the test of experiment, but without success.

A few summers ago I passed through Flanders on my way to Germany, and at the hospital at Bruges saw some of the Beguines, and heard the physician, with whom I was intimate, speak in strong terms of their services; he said "there are no such nurses." I saw them in the wards attending on the sick, and in the chapel of the hospital on their knees, washing the floor. They were obviously a superior class of women, and the contrast was striking between these menial offices, and the respectability of their dress and appearance; but the Beguinage at Ghent is one of their principal establishments, and spending a Sunday there, I went in the evening to vespers. It was twilight when I entered the chapel. It was dimly lighted by two or three tall tapers before the

altar, and a few candles at the remotest end of the building in the orchestra, but the body of the chapel was in deep gloom, filled from end to end with several hundreds of these nuns seated in rows, in their dark dresses and white cowls, silent and motionless, excepting now and then when one of them started up, and stretching out her arms in the attitude of the crucifixion, stood in that posture many minutes,—then sank and disappeared among the crowd. The gloom of the chapel,—the long lines of these unearthly looking figures, like so many corpses propped up in their grave-clothes,—the dead silence of the building, once only interrupted by a few voices in the distant orchestra chanting vespers—was one of the most striking sights I ever beheld. To some readers, the occasional attitude of the nuns may seem an absurd expression of fanaticism, but they are any thing but fanatics. Whoever is accustomed to the manners of the continental nations, knows that they employ grimace in every thing. I much doubt whether, apart from the internal emotion of piety, the external expression of it is graceful in any one, save only in a little child in his night-shirt, on his knees saying his evening prayer.

The Beguinage, or residence of the Beguines at Ghent, is a little town of itself, adjoining the city, and enclosed from it. The transition from the crowded streets of Ghent, to the silence and solitude of the Beguinage is very striking. The houses in which the Beguines reside are contiguous, each having its small garden, and on the door the name, not of the resident, but of the protecting saint of the house; these houses are ranged into streets. There is also the large church, which we visited, and a burial ground, in which there are no monuments. There are upwards of six hundred of these nuns in the Beguinage at Ghent, and about six thousand in Brabant and Flanders. They receive sick persons into the Beguinage, and not only nurse but support them until they are recovered; they also go out to nurse the sick. They are bound by no vow excepting to be chaste and obedient while they remain in the order: they have the power of quitting it and returning again into the world whenever they please, but this it is said they seldom or never do. They are most of them women unmarried, or widows past the middle of life. In 1244, a synod at

Fritzlau decided that no Beguine should be younger than forty years of age. They generally dine together in the refectory; their apartments are barely yet comfortably furnished, and, like all the habitations of Flanders, remarkably clean. About their origin and name little is known by the Beguines themselves, or is to be found in books. For the following particulars I am chiefly indebted to the *Histoire des Ordres Monastiques*, (tom. 8.) Some attribute both their origin and name to St. Begghe, who lived in the seventh century; others to Lambert le Begue, who lived about the end of the twelfth century. This latter saint is said to have founded two communities of them at Liege, one for women, in 1173, the other for men, in 1177. After his death they multiplied fast, and were introduced by Saint Louis to Paris and other French cities. The plan flourished in France, and was adopted under other forms and names. In 1443, Nicolas Rollin, Chancellor to Philip the Good, Duke of Burgundy, founded a hospital at Beaune, and brought six Beguines from Malines to attend upon it, and the hospital became so famed for the care of its patients, that the opulent people of the neighbourhood when sick were often removed to it, preferring its attendance to what they received at home. In one part of the hospital there was a large square court, bordered with galleries leading to apartments suitable to such patients; when they quitted the hospital the donations which they left were added to its funds.

The Sœurs de la Charité of France are another order of religious nurses, but differ from the Beguines in being bound by monastic vows. They originated in a charity sermon, perhaps the most useful and extensive in its influence that ever was preached. Vincent de Paul, a celebrated missionary, preaching at Chatillon, in 1617, recommended a poor sick family of the neighbourhood to the care of his congregation. At the conclusion of the sermon a number of persons visited the sick family with bread, wine, meat, and other comforts. This led to the formation of a committee of charitable women, under the direction of Vincent de Paul, who went about relieving the sick poor of the neighbourhood, and met every month to give an account of their proceedings to their superior. Such was the origin of the celebrated order of the Sœurs de la Charité. Wherever this missionary went he attempted to form

similar establishments. From the country they spread to cities, and first to Paris, where, in 1629, they were established in the parish of St. Saviour.

About 1625, a female devotee, named Le Gras, joined the order of les Sœurs de la Charité. She was married young to M. le Gras, one of whose family had founded a hospital at Puy, but becoming a widow in 1625, in the 34th year of her age, she made a vow of celibacy, and dedicated the rest of her life to the service of the poor. In her, Vincent de Paul found a great accession. Under his direction she took many journeys, visiting and inspecting the establishments which he had founded. She was commonly accompanied by a few pious ladies. Many women of quality enrolled themselves in the order, but the superiors were assisted by inferior servants. The Hôtel Dieu was the first hospital in Paris where they exercised their vocations. This they visited every day, supplying the patients with comforts above what the hospital afforded, and administering, besides, religious consolation. By degrees they spread into all the provinces of France, and at length the Queen of Poland requested Mademoiselle le Gras, for though a widow that was her title, to send her a supply of Sœurs de la Charité, who were thus established in Varsovia in 1652. At length, after a long life spent in the service of charity and religion, Mademoiselle le Gras died, on the 15th of March, 1660, nearly 70 years of age, and for a day and a half her body lay exposed to the gaze of the pious.

The Country Clergyman, who spent several years in various parts of France, gives an account of the present state of the order, of which, together with what I have gathered from other sources, is in substance as follows. It consists of women of all ranks, many of them of the higher orders. After a year's noviciate in the convent, they take a vow, which binds them to the order for the rest of their lives. They have two objects—to attend the sick, and to educate the poor; they are spread all over France, are the superior nurses at the hospitals, and are to be found in every town, and often even in villages. Go into the Paris hospitals at almost any hour of the day, and you will see one of these respectable looking women in her black gown and white hood, passing slowly from bed to bed, and stopping to inquire of some

poor wretch what little comfort he is fancying will alleviate his sufferings. If a parochial curé wants assistance in the care of his flock, he applies to the order of les Sœurs de la Charité. Two of them (for they generally go in couples) set out on their charitable mission—wherever they travel their dress protects them. “Even more enlightened persons than the common peasantry hail it as a happy omen when on a journey a Sœur de la Charité happens to travel with them, and even instances are recorded in which their presence has saved travellers from the attacks of robbers.” During the Revolution they were rarely molested. They were the only religious order permitted openly to wear their dress and pursue their vocation. Government gives a hundred francs a year to each sister, besides her travelling expenses; and if the parish where they go cannot maintain them, they are supported out of the funds of the order. In old age they retire to their convent, and spend the rest of their lives in educating the noviciates. Thus, like the vestal virgins of old, the first part of their life is spent in learning their duties, the second in practising them, and the last in teaching them.

If an attempt should be made to introduce Sisters of Charity into England, I would advise the experiment to be made at first on a small scale. They should be not mere nurses, and religious instructors, but a set of religious female physicians. I would select two or three women—not superannuated servants in search of a quiet livelihood, who are thinking of nothing but how to make money with the least trouble, and who would apply, or be recommended in crowds for such a purpose—but women originally and habitually of a higher order, young enough to learn, yet old enough to be sick of worldly vanities; in short, with strong sense, a good education, and something of the devotee, (there are many such.) I would place them in some hospital under an experienced, clear-headed, practical physician, who should explain to them in untechnical language, as they went from bed to bed, the signs by which he is guided in the choice of his remedies: why, in one case, the prominent symptom of which is a cough, he gives opium, and in another, in which the prominent symptom is still a cough, he draws blood: why, in one case, in which the prominent symptom is pain,

he employs fomentations and opiates, and in another, in which the prominent symptom is still pain, he draws blood, gives purgatives, and low diet. I would sharpen their attention, and assist their memories by frequent examinations into their knowledge; always remembering that it is not safely deposited in the mind until the student can state it and apply it herself. This system of instruction should continue until my Sisters of Charity have acquired a readiness in detecting all ordinary diseases, in selecting the guiding symptom or symptoms, and in the use of that short list of remedies which even medical men find sufficient in pauper practice. When they are ripe for my purpose, I would (taking a hint from les Sœurs de la Charité) station two of them, of suitable dispositions, in a cottage placed in the centre of some country district. I would have them maintained partly from the parish funds, partly by the voluntary subscriptions of the opulent people of the neighbourhood, and partly by those of the charitable and religious world. Their kindness and care would soon ensure the good-will of the poor. A few cures would be followed by medical reputation, and the cottagers of the district would soon have reason to bless the hour when these useful women settled in their neighbourhood.

Objections, of course, will be made to this plan. The Country Clergyman alludes to a strange one—that, although it has succeeded in the hands of Catholics, it will not in those of Protestants, because Catholicism, it is said, is a religion of works. If Protestantism is not, the sooner we are Catholics the better; but this is a strange objection to make to the religion of Christ, who tells us, “inasmuch as ye have done it (visited the sick, &c.) unto one of the least of these, my brethren, ye have done it unto me.” Another is, that it is not adapted to the manners and habits of England. The best answer to this, is the fact that it has already been adopted by the Irish Catholics, and that those of England are supporting and joining it. An order of Sisters of Charity was founded in Ireland in 1815; there are three houses, two in Dublin and one in Cork; they nurse the sick, receive the poor into an asylum, console the dying, and educate the young. A female friend of mine belongs to the order; she says it is difficult to conceive the appalling scenes of misery which they witness, and describes

herself as supremely happy in her duties. My jocose readers will remind me of Corporal Trim's adventure with the Beguine. I am well aware of Burton's maxim, in his *Anatomy of Melancholy*, that the chief cause of love is juxtaposition, but it would be easy to show, by facts, that this is as great an objection to the employment of young men as of middle-aged devotees.

Many will think that it is impossible to impart a useful knowledge of medicine to women who are ignorant of anatomy, physiology, and pathology. A profound knowledge, of course, could not, but a very useful degree of it might; a degree which, combined with kindness and assiduity, would be far superior to that which the country poor receive at present. I have known matrons and sisters of hospitals with more practical tact in the detection and treatment of disease, than half the young surgeons by whom the country poor are commonly attended. One of the best practitioners—one who afforded more relief, and effected more cures than almost any man I have ever known, troubled his head very little about anatomy, physiology, and pathology; the favourite object of his study through life were the powers of remedies. Whenever a patient recovered from a disease which baffled others, he never rested till he had made out what occasioned the recovery, and he never forgot it. In this way, during a long life of great activity, he treasured up prodigious resources in the treatment of disease, and when he died left a void in the provincial neighbourhood in which he had lived which has never been filled.

There are only two classes of people whom I have any hope of influencing in favour of this plan—one are the Church Methodists, the other the Society of Friends. Surely a little of that zeal and money which are flowing so plentifully into Bible and Missionary Societies might be spared for so desirable and promising an experiment as this. Could not Mrs. Fry divert a little of her zeal from the female convicts in Newgate to the sick poor in the country? or could not her friend, Mrs. Opie, the daughter of a physician, and, if her writings are to be trusted, a tender-hearted woman, become the Mademoiselle le Gras to an order of female religious physicians, by which they might bless their country and immortalize their names?

The object of my two letters has been

to make known to the benevolent public the wants of the sick poor in the country, and the two plans which have been recommended for their relief. I must now leave my statement to its fate, earnestly wishing that it may be as successful as Vincent de Paul's charity sermon.

I am, sir,

A COUNTRY SURGEON.

MEDICAL GAZETTE.

Saturday, January 12, 1828.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

STATE OF THE MEDICAL PROFESSION.

EVERY day brings forth additional proofs of the lamentable state of feeling which at present exists in the medical profession. We endeavoured in our Address to call the attention of our brethren both to this circumstance, and to its cause, and if any one on perusing those remarks thought them too strongly expressed, he must by this time, we presume, have changed his opinion. Alluding to the effects which had resulted from substituting misrepresentation and invective for legitimate criticism and fair discussion, we said that it had "placed man in hostility to man,"—and has not the event proved so? We said that "it had broken up private friendships,"—and has not this likewise been the case? The ink with which we wrote was scarcely dry, when these, the strongest parts of our description, and the worst among the evils we portrayed, were strikingly verified. In our last Number we recorded the circumstances of a duel arising directly from this miserable cause; and if any one has doubted its power over the strongest ties of personal regard, let him look to the events of the last few weeks:—let him look to Mr. Lawrence, who, with all the bitterness of a disappointed spirit, has directed the whole powers of his mind to wound the feelings and estrange from him, probably for ever, three men, who are known to have been his

friends,—some of them his earliest, most intimate, most faithful friends. We smile as we read his letter, but it is against our better judgment; we smile at his wit, but we deprecate his sentiments. His well-wishers must lament, and his enemies, if he has any, triumph in the display he thus makes of his feelings. What a picture for the gaze of the vulgar, what an example for the junior members of the profession, to see Mr. Lawrence and Mr. Samuel Cooper—who up to a late period were bosom friends—quarrelling like two spoiled children; identifying themselves with a publication with which it would be insulting them to suppose they could be connected without degradation; both boiling with imaginary wrongs, and exhibiting themselves for the amusement of those who are not too much disgusted to feel merriment; and all this for the advantage of a man who has art enough to convert their petulance to his own profit, and who sets them up like puppets to draw a crowd by their antics.

From this mortifying spectacle we turn to one which affords a perfect specimen of the ridiculous; it is the correspondence between Mr. Wakley and Mr. Samuel Cooper, as detailed in the last Number of the *Lancet*; from which we subjoin, for the edification of our readers, “*excerpta quædam ex epistoles amicorum.*”^{*} This gentleman (of course we mean the latter) had sent a reply to Mr. Lawrence’s letter for insertion in the “invaluable journal,” in which, among other things, there occurred the following pleasant and satisfactory piece of information: “I am perfectly aware, sir, that some individuals in the profession would disdain to become writers for the *Lancet*.” On this Mr. Wakley writes to Mr. Cooper requesting an explanation, and, assuming the airs of a literary gentleman, informs him that his letter will be published, and that he is not to regard the correspondence as of a private nature. To this Mr. Cooper, with more regard to the feelings of the editor than

to his own consistency, hastens to state “that he considers it by no means unbecoming in any professional man to write for the *Lancet*,” and that it is in consequence of Mr. Wakley’s “opposition to many parts of the standing order of things” that he has raised against him “a large body of medical men, who would not only disdain to write for the *Lancet*, but do actually decline to read it.” A little farther on we are told that “if it be sometimes (sometimes!) erroneous and partial, it is frequently right and equitable.” A more perfect instance of what is vulgarly called blowing hot and cold never fell under our notice. The respectable* editor, who certainly has “taken nothing by his motion,” remarks, that “although Mr. Cooper’s explanation be satisfactory, as far as his intentions are concerned, his phraseology is at least extremely unfortunate.” Assuredly it is so; and Mr. Cooper

Anxious to wound—and yet afraid to strike—
Just hints a fault, and hesitates dislike.

But then the editor, notwithstanding this, informs us that he entertains “a sincere respect for the talents and *principles* of Mr. Cooper.” Mr. Wakley complimenting Mr. Cooper on his PRINCIPLES! We will tell our readers a story, leaving them to apply it. When the late Queen Caroline was at the house of Alderman Wood, in South Audley Street, it was constantly crowded with a rabble, who compelled every one that passed to pull off his hat. A gentleman one day stopping in his carriage a few doors off, and the coachman neglecting to comply with the required salutation, one of the *mobility* mounted the box and pulled his hat off for him; then descending half way, and thrusting his dirty cut-throat visage into the carriage, said, “I wish, sir, you would teach your coachman to behave like a gentleman.”

* Lest there should be any doubt about the precise meaning of this term, we may mention that it was defined by one of the witnesses on the noted trial of John Thurtell. The question was, what sort of person was Mr. Weare? (the intimate companion of Thurtell.)—*Answer.* Mr. Weare was respectable.—*Counsel.* What do you mean by respectability?—*Witness.* He kept a gig!

* See *Lancet* of last Saturday.

HOSPITAL REPORTS.

LA CHARITE, PARIS.

CASES TREATED BY M. CHOMEL.

CASE I.—*Periodical Hæmoptysis.*

A YOUNG woman, 17 years of age, a semstress, was admitted into the ward of St. Anne, she had been affected for a long time with hæmoptysis, the progress of which was somewhat extraordinary. Towards the latter end of the preceding year (1826) this young woman had, as she says, a severe cold with fever, and a slight spitting of blood. This cold lasted two months, but had entirely ceased, when, at the period when the menses should have appeared, she was seized all at once with a sense of oppression, and a feeling of formication behind the sternum; at the same time she expectorated in abundance a frothy, bright coloured blood, almost pure. The menses did not appear, and the spitting of blood continued during the whole time they ought to have flowed, that is, eight days. After this time she got well, and on the following month the menses appeared regularly, but at the next period they were again suppressed, and were reestablished as upon the first occasion, by an abundant and continued hæmoptysis. The month after the catamenia were regular, but from this last period they ceased altogether. The hæmoptysis, which immediately reappeared, and which previously seemed to be supplementary only, has not ceased during four months to come on every day at nearly the same hour, in nearly the same quantity and of the same kind. The blood brought up was scarcely mixed with mucus, and apparently arterial; the girl has lost flesh, but not in a remarkable degree, but her strength is much diminished. There is no fever, the respiration is free, and there is no cough. A pain has come on, but only within these few days, on the right side of the thorax. The stethoscope has thrown no light upon the source of this bleeding, neither does this hæmoptysis in any way resemble those commonly met with either idiopathic or symptomatic; the state of the blood, the periodicity of its discharge, and its long continuance, all affording the most decided marks of difference. All the means commonly employed have been tried to combat the disease. She has

been bled fourteen times, and had leeches applied nine times, in the hope of restoring the menses: acid drinks have been given, together with demulcents and the extract of rhatany, but all in vain. At length, the pain in the side induced M. Chomel to apply a blister to the part, and the action of this remedy has produced the effect so long sought for,—the hæmoptysis has ceased. The blister was applied on the 10th of December, and up to the 15th there had been no bleeding.

CASE II.—*Pain of the Head;—external Application of Opium.*

N., aged 36 years, had been in La Charité about a month, and was admitted on account of a pleuritic pain, with fever and spitting of blood. Bleeding and other antiphlogistic remedies removed these symptoms: a pain in the head, which the patient was accustomed to, but which had never been so violent as to prevent her from following her occupation as a semstress, now suddenly became extremely intense. She could not sleep, was in continual agitation, and implored relief. M. Chomel having tried many remedies without effect, determined to see what cutaneous absorption might produce. A blister two inches in extent was applied to the cranium, and the surface of the scalp, deprived of its cuticle, was covered during eight days with an opium cerate. The woman experienced no relief. M. Chomel thinking that a solution of opium would answer better, prescribed it, after the application of a fresh blister larger than the first. Compresses dipped in a watery solution, containing twelve grains of opium in an ounce of water, were placed upon the part at different times during the course of twenty-four hours, and produced the happiest effect; the solution was continued for four days, and the woman was entirely freed from her pain. She slept soundly at night, which M. Chomel remarks was not the effect of the opium, because that was applied during the day, yet no inclination for sleep was manifested until her usual hour of repose at night; it was, therefore, caused merely by the absence of pain.

CASE III.—*Tumour on the right Side.*

A MAN aged 41 years occupies the bed No. 6, in the male ward, at La Charité: his employment is that of a porter. He has always enjoyed good health until

the year 1826: he was then seized with a purging, which he attributed to hard labour. This purging did not cease the whole year; he tried many remedies for the purpose, but finding that they did not succeed, he ceased to pay any attention to it, especially as it gave him no pain. At the beginning of 1827, a tumour the size of an egg made its appearance on a level with the umbilicus, a little to the right side. The purging continued, and still goes on, but without any accompanying pain. The tumour, which has increased considerably, now occupies a space extending from the inferior edge of the liver to the crista of the os ilium; it is very hard, unequal, and nearly immovable; the man's complexion is very healthy, perhaps rather paler than natural; he has no fever, the appetite is good, nor have the functions of the stomach been deranged. The continued purging is the only inconvenience he feels.

Paris, December 26.

ST. GEORGE'S HOSPITAL.

Injury of the Head, and Erysipelas.

SOME little time ago it was asserted in the *Lancet* that erysipelas was invariably treated at St. George's Hospital by bark. The following case is well calculated to illustrate the *accuracy* of that statement.

Ant. Hitchcock, æt. 38, a soldier invalided from foreign service, was admitted November 24, 1827, with a lacerated wound on the left side of the forehead exposing the bone, and another contusion behind the left ear.

He states that four days ago he fell from the top of a coach, (*not* in liquor,) was picked up insensible, and conveyed to some "hospital." Here he remained until the next day, when, having recovered his senses, he left the hospital and went to the public house where he was billeted, but suffered so excessively from pain in his side and head, that at the end of a couple of days he was brought to St. George's. On admission there was much pain in the head, and he had frequent nausea; eyes suffused and heavy, tongue furred, pulse strong and labouring. The bowels had not been opened since the accident, nor had the wound been dressed for three days.

V. S. ad \mathfrak{zxx} . Cal. grs. ij. P. Jal. grs. vi. 4tis horis.

25th.—The bowels have been opened

several times. He passed a quiet night, and the pain of head is relieved; tongue furred, pulse fuller; thirst. The wounds on the head are suppurating and sloughy. Cat. lini. cap. V. S. ad \mathfrak{zxx} . Cont. Cal. &c. H. Sal. c. Mag. Sulph. \mathfrak{zss} . 6tis horis.

26th.—Much pain in the head, as well as under the left nipple, where, on examination, there was discovered a broken rib. There is a good deal of general excitement; the pupils are sluggish and rather dilated, with some intolerantia lucis, and a blush of redness has appeared upon the forehead.

Lot. opt. fronti. Bandage to the chest. V. S. ad \mathfrak{zxv} .

The erysipelas extended over the forehead, accompanied with pain of head, thirst, furred tongue, and quick, hard pulse. He was again bled to twenty ounces; and on the 28th the report states that the erysipelas had extended over the right cheek, with much tumefaction of the eyelid. He was dozing and muttering all night, and is very restless this morning. There is less pain of head, and the tongue is cleaner, but the pulse is quick and full, and there is constant nausea. The blood drawn yesterday is cupped, but instead of the common buffy coat, it is covered with a thick layer of the most perfectly transparent fibrine.

Rep. V. S. ad \mathfrak{zxx} . Cont. Med.

29th.—He was bled yesterday to upwards of 30 ounces (instead of 20,) but appears to be nothing the worse for it this morning. The erysipelas is fading, the head is relieved, the febrile disturbance much diminished. From this day, in fact, he got rapidly well; the erysipelas had entirely disappeared on the 1st December, and he leaves the hospital cured this week. The patient was under the care of Mr. Jeffreys.

This case is interesting in a double point of view: first, as showing the complication of erysipelas with injury of the head; secondly, as proving with how bold a hand the most decided antiphlogistic measures may be pursued, in such complication, even in our London hospitals. The patient lost, in all, upwards of 100 ounces of blood; and between the 26th, when the erysipelas first appeared, and the 29th, when it began to fade, above 70 ounces were abstracted. We may notice a circumstance which occurred at the last bleeding, and which seems to have turned the balance in the patient's favour. Whilst the blood was flowing from the vein, the erysipelatous blush

began to lose its vivid redness; and before the whole quantity was taken, the patient *not* being at the time in a state of syncope, the cheek and forehead were as pale as marble. In the course of a few minutes the redness returned, but never so distinctly as before. We shall take an opportunity, from time to time, of laying before our readers cases of erysipelas occurring at this hospital. These will show that the surgeons do not trust empirically to bark, or bleeding, or incisions, but regulate their practice according to the symptoms of the particular case.

MIDDLESEX HOSPITAL.

Secondary Hemorrhage.

JOHN WILLMOTT, ætat. 37, prompter of Drury Lane theatre, was received into the hospital under the care of Mr. Mayo, having suffered during several years with caries of the bones of the left tarsus and tibia. The limb was removed by amputation above the knee, on the 10th of October. There was little muscular substance upon the bone; but the integuments met well, and the progress of the case was for some time favourable. The ligatures came away by the 20th day, and the cicatrix was soon after complete, all but two small apertures which led towards the bone; there was some discharge of matter from these sinuses. He went out of the hospital on the 18th of November, and in a short time resumed his employment as prompter, the stump giving him but little inconvenience, one sinus only continuing open which led to the bone, the extremity of which seemed likely partially to exfoliate.

On the 16th of December the stump swelled, became more painful, and discharged more matter; and on the evening of the 19th violent hemorrhage suddenly took place, which was stopped by tying a ligature round the limb. In this state Willmott was again brought to the hospital; he had lost about a pint of blood. Without removing the dressings, Mr. Mayo proceeded to tie the common femoral artery; this vessel was exposed half an inch below Poupert's ligament, and a ligature was passed round it, distinctly *above* the origin of the arteria profunda femoris. The ligature was then tied, and Mr. Mayo was surprised to find the lower part of the artery continue to pulsate, although much less vigorously than the part above the ligature. On the sup-

position that this circumstance might arise from the knot having slipped, a second ligature was passed round the artery at the same place, and carefully tightened, but the pulsation continued as before.

The bandages were then removed from the stump, when the hemorrhage appeared to have proceeded from a sinus in the direction of the femoral artery, and through a second ulcerated aperture opposite to the bone.

The next day about half an ounce of blood was found to have oozed from the face of the stump. Considerable discharge took place during the ensuing days, which had greatly diminished by the 31st, when Mr. Mayo enlarged an aperture upon the stump, and removed a half circle of bone, which had exfoliated and ceased to adhere. On the 1st of January the ligature had not separated from the femoral artery, but the appearance of the wound was favourable.

Thomas Bailly, ætat. 58, was admitted under Mr. Mayo's care. He had suffered a long time with ulcer and caries of the right leg, which was amputated above the knee on the 13th of November. The vessels bled furiously, so that sixteen required to be tied. As was feared, secondary hemorrhage took place, and it became requisite to open the stump the same evening, when three more ligatures were applied to small muscular arteries. The following day this patient laboured under great nervous irritation, having twitchings and retraction of the muscles of the stump, and difficulty of swallowing; from this state he appeared to be gradually rallying for a time, but his strength again gave way, and he sunk and died on the 1st of January. At this time one ligature in the direction of the main artery had not yet separated; and the decline of the patient's strength had been hastened by the occurrence of slight hemorrhage from this part more than once, which had been restrained by pressure on one occasion, by the actual cautery on its recurrence.

Upon examining the stump, the hemorrhage was found to have proceeded from a small artery lying upon the vastus internus. The femoral artery was found securely closed, and containing an adherent clot at its extremity upwards of an inch in length.

The adjoined sketch is intended to represent the appearance of the femoral

artery; when laid open, the two inner coats of the artery were found as usual to have been cut through by the ligature; *but they must have retracted, instead of adhering by their cut surfaces in the manner described by Dr. Jones.* The cicatrix at the extremity of the artery was distinctly seen to have been formed by the outer coat only, with which the base of the clot of blot immediately cohered.



ST. BARTHOLOMEW'S HOSPITAL.

Case of Fungoid Polypus of the Nose.

SAMUEL KEMP, a sailor, ætat. 48, states that he has always enjoyed good health: about eighteen months ago, while drinking with some of his comrades, a violent bleeding from his right nostril took place, which, after some hours, was stopped by the application of cold water to the part. The hemorrhage returned at intervals for the space of three weeks: alarmed by these repeated losses of blood, he was induced to examine his nose more minutely than he had hitherto done, and upon removing a portion of coagulum, with the tip of his finger he felt a soft fleshy growth, which appeared to him to proceed from the top of the nostril. In the course of a week, it had extended down to a level with the ala and septum nasi. He now placed himself under the care of a surgeon at Dover, who extracted the polypus with a pair of forceps, and strong acid was

afterwards applied. From this operation he experienced considerable relief, and was in hopes the disease had entirely left him; but at the end of five weeks the fungus again appeared, and the hemorrhage returned. In the course of three weeks more it had attained its former magnitude; it was again removed with the same temporary advantage. He asserts that he has submitted to the operation twenty-three different times. His state now became alarming, his health began to suffer materially, his appetite was affected, and he had night sweats: he did not, however, suffer much pain. He was admitted into this hospital on the 20th of September. The right nostril was much expanded up to the angle of the eye from the growth within, which was of a dark purple colour, and bled upon the slightest touch. On passing a probe around the fungus, its base appeared quite movable, while its apex seemed connected by a broad attachment to the nasal and maxillary bone, near to its nasal process. The sense of smelling was somewhat affected on this side. It bled frequently during the day, and the discharge arising from it was offensive; the pain, however, was very trivial, and chiefly during the night. He appeared much out of health. Mr. Earle regarded this as a well-marked case of malignant polypus; but, considering the age and constitution of the patient, thought he ought not to be abandoned to the ravages of the disease, while the chances of an operation, though doubtful, afforded any hopes of success. So far as he could judge, the fungus sprung from the nasal or maxillary bones of that side, or from the Schneiderian membrane covering them. It was evident that the disease had not extended to the antrum, and did not press upon the nasal duct.

It was resolved that nothing should be attempted in the way of operation till the patient's health was improved. The bowels being much confined, purgatives and enemata were administered, and he was put on milk diet. Occasional bleedings took place; but, upon the whole, he improved, and the following is the report of the 29th of September.

He is much weakened from hemorrhage which took place during the night; his health is, however, so much improved, that Mr. Earle considered him in a fit state to undergo the operation for its removal. It was performed

in the following manner: an incision was made from the top of the right nasal bone, extending along its middle, and continued through the ala nasi. This incision divided an artery, which bled freely, and required the ligature. Mr. Earle then proceeded to dissect the integuments from off the nasal bone of that side; the nostril being completely divided, a good view of the polypus could be obtained. The polypus was next dissected up towards its attachment. An alarming hemorrhage now took place; at each stroke of the knife, numerous small arteries were seen pouring out their blood very profusely; the assistants were covered, and the patient became very faint.

The operator stated, that the polypus was attached to the nasal and maxillary bones, which were partially absorbed and rough; and the Schneiderian membrane at this part was considerably thickened. Having rapidly detached the polypus from its attachment, he proceeded to remove the portion of bone from which the fungus principally sprung. Part of the nasal, and part of the nasal process of the superior maxillary bone were removed by means of Liston's bone forceps: the actual cautery was then twice applied to the membrane lining the outer side of the nostril, and two more arteries required to be tied.

As the bone which was removed had a diseased appearance, Mr. Earle did not close the wound, lest he might again have occasion to apply the cautery, or strong acid; it was, therefore, covered with wet lint; and thus terminated this severe and difficult operation, which the patient bore with the utmost fortitude. He was taken to bed greatly exhausted. Some brandy was given him; cold cloths to be constantly applied to the part.

Capt. Tinct. Opii \mathfrak{m} xl. statim.

Nothing remarkable occurred till October 1st, when he had some irritation of the bowels, and tenderness of the abdomen. He had twenty leeches applied, and took Hydrar. c. Creta. gr. iii. Pulv. Ipecac. Com. gr. v. every four hours. The lower part of the wound had healed by the first intention, but the upper part was intentionally kept open, to afford means of inspecting the state of the inner membrane.

Oct. 25th.—Went on well till to-day, when there occurred a little hemorrhage from the nostril; it was soon stopt by

the application of acid; he feels in good health; but his complexion is very sallow.

On the 27th the plug was removed from the nostril; the pressure of it has caused the wound to open about the centre, near the part where the cautery was applied. On looking through this aperture, there is no reproduction of fungus apparent; he complains of no pain, and is in good spirits. Some hemorrhage occurred some hours after the removal of the plug, which was replaced again.

Oct. 30th.—Since last report, the fungus has again made its appearance, and rapidly increased in size; it bleeds profusely, particularly when the patient is in the erect posture. Strong nitric acid was ordered to be applied three times a day, with the view of checking the hemorrhage. His health does not appear to be much affected; he has a good appetite, sleeps well, and is quite free from pain.

Nov 8th.—The tumour has now acquired the size of an orange; it is of a purple colour, accompanied with a very fetid smell, and bleeds upon the slightest touch, having all the character of fungus hæmatodes: his health is beginning to decline, he complains of severe darting pains in the direction of the frontal sinuses; he has night sweats, and his rest is much disturbed from the repeated hemorrhages which occur during the night. A strong solution of sulphate of copper was directed to be applied to the fungus.

P. Ipecac. Co. gr. x. omni nocte.

Dec. 14th.—He is much worse; the tumour now covers the upper part of the right cheek; his legs are œdematous, and he is evidently sinking.

Dec. 30th.—Has been gradually getting worse since last report, and for the last few days it has been necessary to administer brandy and other cordials; his intellectual faculties are not at all impaired; he is perfectly conscious of his approaching dissolution. He died at 8 A. M.

Examination of the Body four hours after Death.—*Head.* The brain and its membranes were perfectly healthy; in the posterior horn of the right lateral ventricle a small quantity of blood was effused. The cavities of the nose were next examined: the disease was principally confined to the right side; the pituitary membrane was much diseased; it was of a soft, pulpy texture,

and its surface covered with muco-purulent matter tinged with blood. The fungus appeared to have its origin chiefly from that part of the membrane covering the vomer superior spongy bone, and crebriiform plate of the æthmoid. The æthmoid and sphenoid cells were filled with a greenish coloured fluid, the consistence of cream, and highly offensive. The membrane lining the antrum was of its natural structure. The bones of this region possessed their natural texture and hardness.

Chest.—The lungs were affected with the same fungoid disease; they contained numerous tumours, in different stages of disorganization, and of various sizes, from a pea to that of a large marble. Some of these tumours when cut into were of a cream colour, and much resembled the medullary substance of the brain; others were of a much softer consistence, and of a dark red or purple colour, more resembling clots of blood, and readily breaking under the pressure of the finger. The substance of the lungs unoccupied by these medullary tumours was perfectly healthy; a small quantity of earthy matter was also deposited in some of the air cells. The left ventricle of the heart was considerably thickened, almost approaching to hypertrophy.

Abdomen.—Upon reflecting the skin from the abdominal muscles, a small tumour, of the same fungoid character as those seen in the lungs, was found lying imbedded in the cellular substance covering these muscles on the left iliac region; this was the only subcutaneous one found about the body: it could not have been observed by the patient, as it was never pointed out to those attending him. In the cavity of the abdomen the disease had made great progress. The concave surface of the right and left lobes of the liver had degenerated for some extent into the same medullary disease as observed in the chest, undergoing the same morbid change of structure. The renal capsules and adipose tissue surrounding both kidneys were reduced to a soft pulpy matter; the proper coats of these organs were considerably thickened, much resembling the structure of the pericardium; the parenchymatous tissue of the kidneys was of an exceedingly pale colour, and of a much harder consistence than is usually observed. The substance of the spleen and pancreas contained many of these medul-

lary tumours; several were also observed attached to the mucous coat of the ileum, and undergoing the process of ulceration and softening. The fat surrounding the bladder and rectum contained many of the same description. The bladder was contracted and thickened, but free from any fungoid disease. Several of these tumours, though of a much firmer texture, were situated in the mesentery. The testicles were perfectly healthy.

No unnatural appearances were observed about the stomach or large intestines.

Malformation of the Hand.

There is at present in St. Bartholomew's hospital a middle-aged man, under the care of Mr. Vincent, with an extensive necrosis of the left tibia, who has a singular congenital malformation. His left arm is perfect as far as the wrist, but the hand consists only of a thumb and two fingers, which correspond to the fore and middle finger of a natural hand; they appear to be quite perfect as far as the bones are concerned, there being a metacarpal bone and three distinct phalanges to each finger, and the proper number for the thumb, but the fingers are joined together by integument up to the extremity of the last joint, where there is a nail corresponding to each finger. So that, in point of fact, there are two fingers included in one skin, which would only require to be divided to make them perfect. The hand, if it may be so called, is somewhat distorted from his having had a compound fracture of the fore-arm, when a good deal of bone was lost from the radius. He makes this rudiment exceedingly useful, having been a number of years employed as a groom, and he declares he finds no inconvenience from it.

Fracture of the Patella.

There is a case of transverse fracture of the patella under Mr. Vincent's care, which has been very successfully treated by position alone, the patient having been kept on one of Mr. Earle's beds, with the injured limb elevated above the line of the body, inclining gradually from the heel downwards to the hip. It is now about a month since the accident, and the two portions of bone are pretty firmly united, with an interval of about an eighth of an inch, though to a superficial observer it would appear to be more; for, as Mr. V.

observes, the edges of the bone become absorbed, so as to give the feeling of a greater interval between the separated portions than really exists. This treatment by position, instead of bandage, is, no doubt, a great improvement, as rollers are at all times exceedingly distressing to swelled and painful parts, as fractured limbs generally are; but it is doubtful whether this kind of position possesses any advantage over that in which the limb is kept straight, the body being slightly bent forward on the thighs: as the latter is certainly a much more comfortable posture to preserve for a length of time than the former, and it succeeds equally well, as daily experience proves. Mr. Lawrence had a case the other day which did remarkably well with the straight position; there was scarcely a line of interval between the portions of bone.

COLDSTREAM GUARDS' HOSPITAL.

Disease of the Heart.

MR. MAYNARD, surgeon to the 2d regiment of Guards, has favoured us with the following.

Thomas Ward, ætat. 23, a grenadier, five years a soldier, sallow complexion, dark hair, of regular habits, and not often in hospital, was admitted Nov. 17, complaining of having been feverish during the last few days, of having lost his appetite, and that his bowels were constipated. He was bled and purged, and took a solution of tartar emetic for a day or two. The nausea produced having become distressing, it was left off, a common febrifuge substituted, and in three days he became convalescent, and had his usual diet ordered him.

On the 26th it appears he had a fresh attack of fever; he appeared to be getting low, had a dry brown tongue, and much head-ache. Dec. 1st I saw him first. He appeared very feverish, anxious, and irritable; had a pulse of very unusual and remarkable strength; it was not only *visible* at the wrist, but in the fleshy parts of his thighs and belly; his skin hot, with great thirst. I wished to bleed him, and Mr. Smith, my colleague, agreeing, ten ounces were taken from the arm. He continued much the same, did not express any great relief from the bleeding, nor was the pulse sensibly affected by it. His account of himself was, that his complaint was very variable, for a few hours

he felt himself much better, and then he would change again for the worse. It would be tiresome to make a daily report of the case, which was, as the patient himself said, very variable; it will be sufficient to say that he went on much as has been stated above till about the 10th of December, when he complained of his knees, his breast, and shoulder being painful, and also of his bowels being out of order. All these complaints were overcome, he seemed to be getting better, was able to take nourishment of a light kind; he had good nights, and complained more of weakness than any thing else.

On the 23d December the fever came on again, the pulse got up, the tongue dried, the skin was hot, and he became restless and anxious as before. He was ordered some saline medicine and digitalis, and he took opium with calomel at night. No good effect followed this treatment; a troublesome cough was superadded to the former symptoms, his voice became weak and husky, and his countenance pale. During all this time there had been something very remarkable in the stroke of the pulse, particularly at times when the symptoms of fever were highest, but it had been more moderate at intervals, and up to this time no suspicion existed of the real nature of the complaint.

On the 25th, however, there was something in the stroke of the pulse which it is impossible to describe, what I never myself felt before, combined with a thrill, almost a hiss, under the finger, more like the vibration of a harp-string; it was very remarkable in the right wrist, but still more so in the left. The heart was felt to be beating short, quick, and violently, 130 in a minute. On the application of the finger to the space between the second and third rib, a something between a crepitus of air in cellular membrane, and the thrill at the wrist could be discerned at every pulsation, that showed us pretty clearly the real complaint. The stethoscope was applied, and the preternatural rushing sounds very clearly heard. About 16 ounces of blood were taken from the arm; it was cupped, but not much, for the coagula were not firm, nor was the buff very marked, being grey rather than the usual yellow. I felt his pulse that night while he slept, and it was comparatively quiet and soft, having lost all that hard jerking vibration it had in the morning. 26th and 27th.—

Much the same, pulse less violent, and No. 122. On the 28th all the bad symptoms increased; he was restless, anxious, and evidently weaker; had no sleep, felt pain, expressed a wish for nourishment, but complained he could not eat; his pulse was regular and less strong, but had the same remarkable jerk and thrill. Towards the morning of the next day he asked for the close-stool; he refused the bed-pan, and got out of his bed and used it. In half an hour after he had laid himself down again, he died without any struggle.

On the 31st we examined the body. On raising the sternum, the heart lay more exposed to view than usual, less enveloped in the lungs, of enormous size, and occupying a more horizontal position in the chest. There was no blood whatever in the cavities of the chest or pericardium, but the serous fluid in the pericardium was in double quantity. On looking attentively at the heart as it lay, there appeared, between the origin of the pulmonary artery and the arch of the aorta, a small tumour, of livid colour, having a surface of pericardium, but evidently going into ulceration. It felt solid, but not hard. The right ventricle was very thin and flabby, the left as remarkably thick and firm and muscular. The vessels were all in their natural state, neither larger nor smaller nor discoloured. The interior of the right ventricle was natural. At the upper part of the septum ventriculorum, just where the edges of the semilunar valves mark the origin of the aorta, an orifice appeared, through which was escaping grey flakes of coagulated lymph, which were followed by clots of black blood, and some in a fluid state. This tumour, when emptied, would contain a pigeon's egg; the orifice was ragged, and the interior surface rough and fibrous, like the cut surface of the heart; it was not thin, nor pervious to blood in any part. Two of the semilunar valves were destroyed, one was entire. Quære. What was the cause of death in this case?

PROCEEDINGS OF LEARNED SOCIETIES.

MEDICO-CHIRURGICAL SOCIETY.

Tuesday, January 7.

MR. TRAVERS IN THE CHAIR.

A PAPER by Mr. Rose was read, giving a description of a peculiar disorganiza-

tion of various internal "viscera resulting from external wounds, (either from operation or accident,) inflicted on distant parts. This affection was described as supervening at some period between the end of the second and fifth weeks after the injury has been received, and as consisting apparently in a deposition of matter in the cellular texture of the part. Thus with regard to the liver, a white spot may be perceived on its surface, bounded by a definite margin; on cutting into this, it is found to dip to a greater or less extent into the substance of the gland, and then to terminate abruptly; it is white, has no cyst, and on being squeezed, purulent matter escapes. The liver, lungs, and spleen are the organs in which these depositions have principally been found, and their number and size have varied in different instances. This disorganization is met with when great constitutional disturbance has followed an injury; and although known to Desault, and other surgeons who followed him, appears latterly to have been lost sight of. Mr. Lawrence mentioned a case in which he had seen the disease after a slight operation on the knee, and likewise instanced several cases where it had supervened on inflammation of veins.

WESTMINSTER MEDICAL SOCIETY.

January 5.

MR. MAYO IN THE CHAIR.

AFTER the usual preparatory business had been transacted, Dr. Robert Lee read a paper on "the best method of accomplishing Delivery in Presentations of the Superior Extremities, where Turning is unadvisable or impracticable." After alluding to the violence which has been, and which still is, occasionally, employed in the operation of turning, Dr. Lee declared his opinion, that it was not justifiable in cases when we have positive proof of the child's death; where the pelvis is so deformed that a living child cannot possibly pass out of it; or, lastly, when other circumstances render it extremely improbable that the child's life could be preserved, even if it were turned. Even in the most favourable instances, where the membranes are unruptured, and the uterine contractions feeble, Dr. Lee has seen fatal abdominal inflammation supervene on the operation. When, on the contrary, the liquor amnii is evacuated, the uterus powerfully contracting, and the arm presenting, the danger of turning is

very considerable, particularly if this state has obtained for several days, and the shoulder and chest become deeply impacted in the pelvis. Bloodletting and opium in such cases are of great service; but notwithstanding they have been largely employed, Dr. Lee has found it impossible to pass the hand beyond the presenting part into the uterus without the most injurious violence. Whenever, then, the life of the mother is in danger, or turning cannot save the child, Dr. Lee separates the arm from the body, perforates the thorax, and having fixed the crotchet on the pelvis, or lower part of the spine, makes such a degree of traction as may effect the delivery without laceration or contusion of the soft parts of the mother.

In proof of the safety and success of the operation, the doctor detailed three cases to the Society in which it had been performed; he also quoted passages from the writings of Dr. Douglas, Dr. Sims, and Dr. Davis, showing the impropriety and danger of turning in all cases. The latter gentleman recommends separating the body from the head under such circumstances, by means of properly adapted cutting instruments; but Dr. Lee objects to this on account of the difficulty of fixing the head for perforation, when the body is removed, and of accommodating it, in its transit, to the diameters of the pelvis.

The discussion which followed was rather tame, but Dr. Barry excited a laugh by the mention of a case which occurred at Lisbon. It was an arm presentation, and the doctors were foiled in their attempts at turning. The midwife, however, (we know not what Sir Anthony will say,) procured two stout porters to assist her, took the woman by the heels and shook her thoroughly, when the arm retroceded into the uterus, and all did well!

In the course of the evening a paper was read by Mr. Mackelcan, on Mediate Auscultation. A very warm debate indeed followed, in which Dr. Gregory distinguished himself as a determined opponent to the lithoscope; but as the question was adjourned till next meeting, we shall postpone any farther notice of it at present.

EXTRACTS FROM JOURNALS, *Foreign and Domestic.*

REUNION OF TENDONS.

DR. FEARN of Virginia has made some interesting experiments on the reunion of tendons, an account of which is published in the *Philadelphia Journal*, and of which we subjoin an analysis. Dr. Horner some time ago published an account of a case of rupture of the tendo Achillis successfully treated by the introduction of a seton at the point of division; this case induced Dr. Fearn to institute the following experiments on dogs:—A small puncture was made through the integuments, and the posterior third of the tendo Achillis divided an inch above its insertion: the dog was permitted to run loose, and in a few hours the whole tendon was found to be completely divided, the ends being loose, and separated to a considerable distance. No attention was paid to the animal for a month, when the inflammation had completely subsided, and the ends of the divided tendon were separated to some distance. Friction was employed, and by means of a bandage and splint, a proper position was maintained for sixteen days, when, no benefit having resulted, the dog was again set at liberty. About two months after, there being no change in the state of the parts, a needle, armed with a small silk ribbon, was passed between the retracted ends of the tendon, and the animal was set at liberty. In two days considerable inflammation had come on, and dressings were applied so as to keep the ends of the tendon as near each other as possible, and the dog kept at rest. At the end of twelve days free suppuration being established, the seton, dressings, &c. were removed. In a month the cure was complete, the dog using both limbs with equal ease. The animal was now killed, when the tendon was found reunited and extending “uniformly from its origin to its insertion, no enlargements or depressions being perceptible where the ends of the old tendon were united to the ends of newly-formed substance. The whole end was rounder and harder than its fellow; not so flexible; and not possessing that beautiful pearly lustre so conspicuous in a healthy tendon.” In order to ascertain the condition of the parts at the time the seton was employed, the tendo Achillis of

another dog was partially divided; the tendon was then ruptured, as in the preceding case. At the end of a month the dog was killed; there were no traces of inflammation; but "the absorbents had rounded the ends of the tendon, which were separated two inches from each other. No evidences were here given of that slow process instituted by nature of which some authors have spoken."

Some experiments were next made to determine the value of the ancient practice of sewing the ends of the divided tendon together. In one instance the tendon tore itself from the ligature, which, remaining in the wound, acted as a seton: in another, the ends of the tendon were kept nearly in contact by the thread, and direct union took place. The following is stated by Dr. Fearn as the process by which reunion was effected. "The sheath of the tendon, and the cellular substance in the vicinity, assume the inflammatory action with much more facility than the tendon itself. They, therefore, arrive at a height of action adequate to the effusion of lymph sooner than the extremities of the tendon, and, consequently, furnish the first bond of union. Into this lymph, vessels shoot from all the adjacent parts capable of affording them, and it soon becomes an organized mass. The ends of the tendon are so slow in developing their vessels, that they are not able to furnish their quota to the coagulated lymph, and are, therefore, not permitted to connect themselves with the newly-formed substance. The ends of the tendon were found in several of the experiments loose, changed in colour, and surrounded by a dark sanious fluid, while the newly-formed medium of connection was attached a short distance from the end of the tendon laterally. If the envelopes of an artery be too much disturbed, and the vasa vasorum injured, the artery dies to where they are furnished in sufficient quantities for its health; in the same way, if the sheath of the tendon furnishing the vessels essential to its vitality be disturbed by rupture or other means, it must die. In process of time, these dead ends of the tendons, sanious blood, &c., are removed by the absorbents, and the whole cord becomes a continuous line, of nearly the same diameter from the muscles to its insertion. The primary inflammation seldom or never surpasses the adhesive

point, unless the neighbouring parts are also much injured. From a want of vascularity in the parts in a natural state, we have here a low grade of inflammation, not to be restrained by purging, rest, low diet, &c., as recommended by most authors, but which require the opposite course of treatment."*

NOTES OF A CASE IN WHICH THE CANAL OF THE LARYNX, AFTER BEING NEARLY OBLITERATED, WAS REESTABLISHED.

ELIZABETH OSWALD, ætat. 27, in attempting suicide in September, 1826, had wounded the larynx through the cricothyroid ligament.

She was under treatment for some months, and was at length abandoned with the loss of voice, and breathing entirely through a silver tube introduced in the situation of the original wound. On withdrawing this tube, and examining the parts attentively, a very minute orifice, capable of admitting the point of a probe of half the usual size, was discerned leading towards the glottis.

About April 15, 1827, Mr. Liston saw her by the request of Mr. Sidey, who had attended much to the case from the first, and began to introduce bougies about the size of darning needles into the part of the trachea above the wound; and by gradually increasing the size of the bougies the passage was brought about the end of June to its natural diameter. About the middle of August the lower part of the trachea was dilated by a tube gradually increased in size, so that one of sufficient diameter might be passed by the mouth.

Three weeks afterwards the short tube was removed, and a long one was introduced by the wound up into the mouth, there laid hold of and pushed down into the trachea. This was followed by a very severe fit of coughing, which lasted about half an hour.

This tube, which was about nine inches long, and equal in diameter to that of the largest œsophagus tubes, was retained in the windpipe for fifteen days, during which it caused great salivation, which loosened the teeth, and extremely reduced the strength of the patient. In consequence of this it was necessary to use some active means for the closure of the wound. On the fifth

* Our readers may compare the above with the interesting observations on the same subject by Mr. Mayo, published in his *Elements of Physiology*.

day the cicatrix was dissected out by two elliptical incisions, and the edges of the wound united by suture. The tube being removed on the fifteenth day, (October 5th,) she breathed well. In the morning, however, her breathing became very difficult, and *tracheotomy* was performed, and a silver tube introduced, which was kept in five days, and then replaced by a smaller one.

The actual cautery was applied to the edges of a small sinus, which remained on October 17th; and on the 26th it was reapplied to the opening, which had very nearly closed. On the 28th the tube was removed; and a few days after the wound was completely closed. The woman now breathes with comparative ease through the larynx, and is slowly recovering the use of her voice. —*Edinb. Med. and Surg. Jour.*

ABSENCE OF THE GENITAL ORGANS AND ANUS.

A CASE is related in the *Journal de Médecine*, of a girl, fourteen years of age, well formed, and of a very agreeable person, who had neither any organs of generation nor anus. There was not the slightest appearance of these parts. Where they are naturally situated, the skin was continued as in other parts of the body. The girl had a good appetite, slept well, and enjoyed excellent health. At the end of every three days she suffered considerable pain around the umbilicus, after which she vomited faecal matter from the mouth. The urine passed away by the nipples. It is to be regretted that no account is given of this female at the period when the menses usually appear.

METHOD OF CURING THE ITCH BY THE JUICE OF THE HEMLOCK.

DR. G. PELLEGRINI, in a letter to Dr. Omodei, observes, that he has found the external application of the above juice highly efficacious in curing the itch; the pustules are to be bathed with it for five or six days. The doctor employs the juice expressed from the fresh leaves of the hemlock, bruised in a mortar, but he says that the extract, decoction, or the powder of the leaves, is equally efficacious, and that he never failed in effecting the cure. The remedy is not only easy to be had, but also important, because it is to be obtained at so small an expense.

EXTRAORDINARY CRANIA.

IN the cabinet of natural history at Marseilles, there is preserved the cranium of a man, named Borghini, of very extraordinary dimensions. He died at the age of fifty, and was not quite four feet high. His head measured three feet round the sides, and one foot from the summit to the base. The intellectual faculties of this individual were not in proportion to the quantity of brain which nature had bestowed upon him, for tradition has yet kept up the proverb of "as great a fool as Borghini." When he arrived at the age of manhood, he was obliged to support his unwieldy head by means of cushions placed upon each shoulder. A Moor resided some years at Tunis, whose head was of a most unusual size. His nose was four inches long, and his mouth so capacious, that he could put into it a middling sized melon. This man was an idiot.

FRAGMENTS OF A FŒTUS EXPELLED FROM THE HYPOGASTRIC REGION.

FROM the time of birth, the abdomen of the subject of this case was much tumefied, and appeared to be painful upon slight pressure. It gradually increased in size until the female had reached her fifteenth year, when she presented all the appearance of a woman at her full period of pregnancy. At this period she suffered severe pains, and the skin in the hypogastric region, about an inch below the umbilicus, became red, hot, and very tense. An abscess soon formed in this part, and ruptured spontaneously. Some very fetid pus was discharged, and at the end of a week three teeth were expelled from the opening, resembling those of a child of six or eight years old. A fleshy body soon after came away, about six inches long, the expulsion of which was accompanied by suffering resembling intense pains. At the end of the second week a mass of matted hair came through the ulcer, together with several fragments of bone, one of which was an inch and a half long. The opening was now enlarged by a surgeon, and a hard body was detected in the abdomen. It was removed, and found to consist of a portion of a maxillary bone, in which there were three teeth. Various other portions of bone and fleshy substance were subsequently extracted, and altogether seventeen teeth.

The wound at length gradually contracted, the pains ceased, and the girl perfectly recovered in about six months.

SUPERFŒTATION.

M. DELMAS, a surgeon at Rouen, relates the case of a woman who was delivered in the public hospital in that city of two male children at one birth, one was white, the other of a tawny colour. The patient was in the eighth month of pregnancy. The two placentæ were united, as sometimes happens in common cases of twins, and they were expelled a few minutes after delivery. The woman confessed that she cohabited with a white man, but that she had twice yielded to the importunities of a negro, when she presumed she was about the fourth month of her pregnancy. The children lived about three hours. A similar case is recorded by Buffon.

EXTRACTS FROM THE PORTFOLIO
OF A READING DOCTOR.

MIDWIFERY IN DIFFERENT COUNTRIES.

"ACCORDING to the account given me by many different persons, unnatural labours are not by any means uncommon, and many women lose their lives in consequence of them: far more instances of the kind occur here than is usual in warm climates. The women are extremely fruitful; it is not unusual to find families of fifteen or twenty children."—*Langsdorff*, vol. i. p. 69.

The women here always sit in the eastern fashion, but this cannot be the cause, for the greater part of the world do the same, and in countries where parturition is easiest.

"The measles had been very prevalent and very fatal among the Indian women. Almost all the Indian women who caught the measles while they were pregnant miscarried. Childbirth seems remarkably easy here among the Spanish women. Madame Arguello told me that since she had been in the country, which was a considerable time, she having herself had fifteen children there, she did not recollect having heard an instance of a Spanish woman dying in childbirth. There are no midwives; some female friend assists at the delivery. Many of the Indian women, on the contrary, die at this time, owing, as

it should appear, to a very pernicious custom they have of putting some great weight upon the belly during the labour, under the idea of facilitating the delivery. Miscarriages from the third to the seventh month are by no means unfrequent among them."—*Langsdorff*, vol. ii. p. 210.

These Indians, it should be remarked, are a very diminutive race, the men not being above five feet in height: a singular fact, the climate being good, and food in abundance.

"Among the Abissones (an equestrian tribe) the women ride like men, and are said, for that reason, to be subject to long, difficult, and dangerous parturition."—*Dobrezhoffer*, vol. ii. p. 120.

"Among the Spaniards of Paraguay and the Plata. Comme il y a beaucoup de femmes qui accouchent toutes seules, et que toutes ne savent pas nouer le cordon ombilical, j'ai vu un assez grand nombre d'hommes et de femmes adultes, qui avaient un nombril long de quatre pouces, et qu'on aurait pris pour toute autre chose; ce nombril était mou et enflé."—*Azara*, vol. ii. p. 301.

1783, the town of Oppedo, in Naples, was destroyed by an earthquake. "So remarkable were the effects of this earthquake on the human organs, that in the two following years the women either did not conceive, were prematurely delivered, or brought forth dead children; and of those that were born alive many immediately expired."—*Stolberg's Travels*, 8vo. edition, vol. iii. p. 330.

"In Scylla, a very opposite effect was produced by this dreadful visitation of nature. Barren women, and those who had left off childbearing, again became fruitful. Some of the former had married, and had remained childless till they were nearer the age of fifty than forty."—*Ibid.* p. 337.

"I have since been informed that the barren women of Messina, as well as some who had left off childbearing, became fruitful after the earthquake."—*Ibid.* p. 339.

Stolberg guesses that earthquakes are connected with electrical phenomena; that the excess of electric influence produced the one effect at Oppedo, where the shock was strongest, and in

less degree the directly opposite consequence at the other places.

MONRO TERTIUS.

THE Edinburgh students well know that Dr. A. Monro, tertius, the present Professor of Anatomy in that celebrated school, rather prides himself upon his discovery, that what less accurate nomenclators have styled the rectum, is in fact the curvum. In the second volume of his *Outlines of Anatomy*, p. 140, he heads the description of that part of the human frame thus: "Intestinum Curvum, commonly called Intestinum Rectum," and then proceeds to give his reasons for the alteration. Sorry as we are to blight any of the learned doctor's laurels, yet we cannot in justice withhold our opinion that Horace has anticipated the grand discovery, as every one must acknowledge when they refer to the following line—"Stilicet ut possem *curvo* dignoscere *rectum*." — *Horatii Epist.* lib. ii. epist. 2.

HARVEY.

IN the British Museum is a diary of the great Harvey, in which are entered daily prescriptions for different patients, each series being headed by the name of the individual and the name of the disease.—In 1642, we find a case of lues venerea in a female, who appears to have kept up a strict incognito, as, for the purpose of distinction, Harvey has entered her as Mrs. *Ανδρομεος*.

THE DEATH OF UMBRO, FROM VIRGIL.

It may gratify some of our readers to be reminded of Virgil's pathetic allusion to the death of one of the early professors of the healing art, in the seventh *Æneid*, line 750.

Quin et Marrubiâ venit de gente sacerdos,
Fronde super galeam et felici comtus olivâ,
Archippi regis missu, fortissimus Umbro:
Vipereo generi et graviter spirantibus hydrys
Spargere qui somnos cantuque manuesolebat,
Mulcebatque iras, et morsus arte levabat.
Sed non Dardaniæ medicari cupidus ictum
Evaluit; neque eum juvere in vulnera cantus
Somniferi, et Marsis quæsitæ in montibus
herbæ.

Te nemus Angitiæ vitreâ te Fucinus undâ,
Te liquidi flevere lacus.

Which may be thus translated:—

Next to the war the sacred Umbro prest,
Tho' peaceful olive nodded o'er his crest.

He came by King Archippus' high command,
And led the brave Marrubians to the strand.
The accomplished chief, in mystic science bold,
With song and charm the hydra's fang contr'oll'd,

Of each envenomed wound could soothe the pain,

And teach the fiery asp to rage in vain;
But the Dardanian shaft his art defied,
Which aimed with vigour quiver'd in his side.
Nor song, nor charm, could now assuage his ills,

Nor herbs collected from a thousand hills.
Ill-fated sage! thine own Angitia's vale,
And all its grove, thy hapless lot bewail;
The liquid lakes in sorrowing sighs consent,
And rills responsive murmur the lament.

EPITAPH ON MR. CLINE.

Of manners gentle, and in soul sincere,
Remov'd beyond this sublunary sphere,
Here lies an honest man!
Endued with caution, yet devoid of fear,
In practice dexterous, in judgment clear,
Excel him, if you can!

EPITAPH ON CHARLES GOWER, M. D. *Diseur de Bons Mots.*

Ye sons of humour, of frolic, and fun,
This stone will inform you that Gower is gone.
Poor Gower! eccentric, facetious, and funny,
Lik'd nothing so well as other men's money.
Alas! he is gone, 'tis hard to say where,
The victim of mirth, imprudence, and care:
Where'er he is gone, his companions he'll smoke,
For, cost what it will—he will have his joke.

NOTICES.

Communications have been received from Dr. Seymour, Mr. Bacot, and Mr. Maynard.

Several Letters have been received on the subject of the College of Physicians, but we think it better to decline publishing them at the present moment, while a litigation is going on.

"Honestus" has come to hand; we shall probably make use of his letter.

"Eblanensis" has been received; as have "J. H. P.," "An Enemy to Humbug," and "Q in a Corner."

ERRATA in No. V.

Page 115, line 12, for "healed" read "treated."

Page 122, line 9, for "would" read "should."

Ib. line 17, for "definitely" read "definitively."

Page 133, line 3, for "tumified" read "tumefied."

Ib. line 33, for "venous" read "mucous."

Ib. for "head of the femur" read "condyles of the femur."

THE
LONDON MEDICAL GAZETTE,

BEING A
WEEKLY JOURNAL

OF
Medicine and the Collateral Sciences.

No. 7.] SATURDAY, JANUARY 19, 1828. [VOL. I.

OBSERVATIONS
ON THE

DISEASES OF THE URETHRA,
BLADDER, AND PROSTATE
GLAND.

By B. C. BRODIE, F.R.S.

As delivered by him in his Surgical Lectures.

[Treatment of Stricture, continued from page 110.]

It having been ascertained that a stricture exists, you are to consider in what manner it may be relieved or cured. The question has been often put to me, how do you treat strictures of the urethra? I answer that I have no particular method. There are several methods of managing this disease. Sometimes I adopt one, sometimes another, according to the peculiar circumstances of the case. I shall describe to you the different plans of treatment to which you may have recourse, endeavouring at the same time to point out the particular cases to which each of them is applicable.

I should premise that the disease is not to be cured by medicine. There is only one class of cases in which medicine is of essential service. These are cases of spasmodic stricture induced by sand in the urine, by the formation of a number of small calculi, or even by a too abundant formation of lithic acid, which is not deposited in the form of sand or gravel. Here attention to the diet and mode of life, and the exhibition of purgatives and alkalis; and such other remedies as tend to restore the urine to a healthy condition, will be

of essential service, and will enable you to cure the stricture with the bougie when you would in vain have attempted to do so otherwise. In all cases it is of consequence that the patient should lead as regular and quiet a life as possible, that he should avoid much bodily exertion, exposure to damp and cold, and all excesses in eating or drinking. Attention to these points will not, it is true, cure the stricture, but it will enable you to apply those remedies, by which it may be cured, with greater advantage. The bowels should be kept open, and whenever there is an unusual degree of irritation, Dover's powder, or some other preparation of opium, may be exhibited. The methods which are chiefly useful in the cure of stricture are: 1st, the dilatation of it by means of the common plaster bougie; 2dly, the dilatation of it by the metallic bougie or sound; 3dly, the retention of the elastic gum catheter in the urethra and bladder: and 4thly, the application of the bougie armed with the nitrate of silver. Each of these methods requires a separate consideration.

I. The common plaster bougie, if of a small size, should be of a conical shape, but if of a middle size, or of a full size, it should be cylindrical. Ascertain the size of the stream of urine, and introduce a bougie of this size, whatever it may be. If the bougie be very small it may be used straight, otherwise it should be always curved like a catheter, but in a less degree. Neither you nor your patient are to be disappointed because the bougie does not enter the stricture at the first trial. In many cases this will not happen until

you have seen your patient three or four times; and in very difficult cases the delay may be still greater than this. When a bougie has once entered the stricture and bladder, allow it to remain for a few minutes. In two or three days (not sooner) introduce either the same bougie, or one of the same size. Then withdraw it and introduce one of a size larger. Allow this also to remain for a few minutes, and in two or three days more repeat the operation. Thus, by degrees, you dilate the stricture until it is of the same diameter with the rest of the urethra. This method of curing strictures is applicable to a great number of cases; and wherever it will answer the purpose, I would advise you to resort to it in preference to other methods. The common bougie gives the patient little or no pain; it excites no irritation, unless it be introduced clumsily or rudely; and it can do no harm by penetrating or tearing the membrane of the urethra.

II. The cure of a stricture by the use of metallic sounds or bougies is conducted on the same principle as that by the common bougie; that is, the instrument is intended to penetrate through the stricture, which, by the introduction of larger and larger instruments, is to be gradually dilated. I do not recommend to you those which are sold under the name of the flexible metallic bougies. These are, in fact, too flexible, and liable to lose the shape which you have given them during their introduction. Those which I have, of a small or middle size, are made of silver; the larger ones may be made of steel, or of steel plated, or of a composition similar to, but firmer than, that of the flexible metallic bougie. These sounds should be very slightly curved, and not more than $8\frac{1}{2}$ inches or 9 inches in length, exclusive of the handle. Sometimes you will find it best to introduce them without turning, that is, with the concavity towards the patient's abdomen. At other times you will pass them more readily by keeping the handle, in the first instance, towards the left groin, giving the instrument a half turn afterwards as it approaches the stricture. In either case, if you wish to avoid making a false passage, take care that the point is kept sliding, as it were, against the upper surface of the urethra.

If the instrument enters the stricture, pass it into the bladder, provided it can be passed so far readily, and without

the application of force, but not otherwise. Two or three days afterwards (the interval ought in general to be as much as this, and sometimes longer) introduce the sound which has been passed before; withdraw it, and introduce another of a size larger; and thus you go on dilating the stricture in the same way as with a common bougie. Never use one of the very small metallic instruments if you can avoid it. Always try a small bougie first, and if you can, begin the dilatation of the stricture with the latter, deferring the use of the metallic instrument until the urethra is so far opened as to give you a right to expect that a sound of a moderate size may be passed. If a small bougie cannot be made to enter the stricture, and you are under the necessity of beginning the cure of it with a small metallic instrument, you must use it with the greatest caution, bearing in mind that it is to be made to pass not by force, but by gentle and dexterous management. Want of caution in this respect, will lead to the instrument's perforating the membrane of the urethra, and penetrating into the cellular membrane of the perinæum, or even into the rectum. This ought not to happen. But it is desirable that we should be prepared for all contingencies; and it is worth while for you to consider what course you will pursue, if the metallic instrument has taken a wrong direction. Desire the patient to remain as quiet as possible. Let him continue in a horizontal posture on a sofa. Make no farther trial with an instrument for a week, or even for a longer period. The parts which have been lacerated will then probably be healed; whereas, if you persevere in the use of the sound, inflammation and abscess will be the probable consequence; or you may subject the patient to the inconvenience of a permanent false passage, in consequence of the instrument's taking the same wrong direction which it had taken before.

The cases in which you will find this method of treatment by means of metallic sounds preferable to that by means of the common bougie, are the following: 1st, cases of old gristly or cartilaginous strictures, which the common bougie is incapable of dilating: 2dly, cases in which, in consequence of some improper management, a false passage has been formed, into which a common bougie is likely to penetrate

but which the metallic instrument may be made to avoid: 3dly, some recent cases in which the smooth, polished surface of the metallic bougie gives less pain to the urethra, and is less likely to induce spasm than the softer, but less polished, substance of the common bougie. The temper of the urethra varies as much as the temper of the mind. Where circumstances appear to be the same, you will find one method of treatment to suit one case, and another to suit another case; and it will often happen that you cannot determine, beforehand, which method it will be best to adopt.

III. In treating a stricture with the gum catheter, you are to introduce it, and allow it to lie day and night in the urethra and bladder. If the patient can bear it to be retained for a sufficient length of time the stricture will become dilated, not only to the size of the instrument employed, but to a size considerably larger. Perhaps you will be able to introduce the catheter without the wire or stilet. Do so, if possible. If not, you should employ one mounted as this is, which I now show you, in a strong, unyielding iron stilet, having a plattened iron handle, like that of a common sound or staff. Being so mounted, it is more readily directed into the bladder than when mounted in the usual way, on a piece of thin flexible wire. When the gum catheter has entered the bladder, withdraw the stilet, and leave the catheter, with a wooden peg, in the orifice, which the patient is to take out whenever he has occasion to void his urine, it being at the same time secured by a suitable bandage. After three or four days you may withdraw the catheter for twelve hours; or if much suppuration is induced in the urethra, you may withdraw it for a longer period. Then introduce another catheter larger than the first, and thus you may, in the course of ten days or a fortnight, dilate a very contracted stricture to its full diameter. This is a very certain and expeditious method of curing a stricture. You may in this way accomplish as much in the course of ten days, as you would accomplish in three months by the occasional introduction of a bougie. This method is particularly applicable, 1st, where time is of much value, and it is of great consequence to the patient to obtain a cure as soon as possible;

2dly. Where a stricture is gristly and

cartilaginous, and not readily dilated by ordinary methods;

3dly. Where, from the long continuance of the disease, the urethra has become irregular in shape, or where a false passage has been made by previous mismanagement. Under these circumstances, if you can once pass a gum catheter, and let it remain for a few days in the bladder, you will find your difficulties at an end; the irregularities will disappear, and the false passages will heal.

4thly. There is still another class of cases in which this method of treatment is particularly useful. I allude to those in which a severe rigor follows each introduction of the bougie. This disposition to rigor is such, that it is sometimes impossible to proceed with the treatment in the ordinary way. Observe in these cases when the rigor takes place. It seldom follows the use of the bougie immediately. It almost always takes place soon after the patient has voided his urine, and seems to arise not as the immediate effect of the operation, but in consequence of the urine flowing through the part which the bougie has dilated. Now if instead of a bougie you use a gum catheter, and allow it to remain, the urine flowing through the catheter, the contact of it with the urethra is prevented, and the rigor is prevented also. I have no right to say that this plan will invariably succeed, but I assure you that it has not failed in several cases in which I have resorted to it.

IV. It remains for us to consider the treatment of a stricture by the application of caustic. This mode of treatment was first proposed by Mr. Hunter, who recommended it in particular cases. The more general application of the caustic to strictures was introduced by Sir Everard Home, with whose valuable work on the subject many of you are, I doubt not, well acquainted. The caustic to be employed is the nitrate of silver. Let a piece of it be inserted neatly into the extremity of a bougie. The round end of the bougie should be cut off and the caustic should be as large as the bougie will carry. The armed bougie should be as large as the urethra will admit without being forcibly distended. First pass a common bougie down to the stricture, and mark with your nail on the bougie the distance of the stricture from the external orifice of the urethra. Then

measure off the same distance on the armed bougie; pass it down to the stricture and keep it pressed against it with a firm, heavy hand, during the space of a quarter of a minute, and sometimes for a longer time. Let this be repeated, if necessary, every second or third day. If you do not press the bougie firmly against the stricture, the caustic is applied to the urethra anterior to the stricture, and not to the stricture itself. The first effect of the caustic is to cause the stricture to become dilated to a certain extent, probably by relieving whatever disposition there is in it to spasm. It is a strong stimulus applied to a part which is morbidly irritable, and the morbid irritability becomes exhausted. The benefit which the patient derives immediately from the application of the caustic is sometimes very remarkable. He may apply to you making water in a stream like a thread, or only in drops; you apply the caustic, and in a few minutes afterwards he has a desire to discharge the contents of his bladder, and he finds that the urine flows in a very considerable stream. After this any farther benefit to be produced by the caustic must be the result of the destruction of the stricture by the repeated formation of sloughs. But this is a tedious and difficult process, especially in cases of old cartilaginous stricture. In fact, there are very few such cases in which a cure can be effected by the caustic alone, however long you may persevere in its use; and whenever the caustic is frequently employed you are in danger of creating a false passage, in consequence of the dissolved caustic flowing to the lower part of the urethra and destroying the parts unequally.

The cases to which this method of treatment is applicable are, 1st, those of spasmodic stricture, where one or two applications of the caustic may be sufficient to relieve all the urgent symptoms. 2dly. Some cases of old stricture, in which the stricture still retains considerable disposition to spasm. In these last cases apply the caustic two or three times, and no oftener. It will probably relieve the contraction as far as it is spasmodic, and thus enable you to proceed more advantageously with the use of the bougie or metallic sound. And 3dly, the caustic may be used very properly in some cases of stricture which are endowed with peculiar irritability, in

which every application of the common bougie induces severe pain, or brings on spasm, preventing it entering the stricture. Here two or three applications of the caustic may be sufficient to deprive the stricture of that unnatural sensibility, which otherwise would have foiled your efforts to effect a cure. Notwithstanding what I have now stated, I very rarely use the armed bougie in my own practice, and I never resort to it in the first instance. My reasons for preferring the other methods of treatment in ordinary cases are these: 1st, although the caustic often relieves spasm, it also very often induces it. It is true that in many instances it enables a patient to make water with more facility, but in many instances, also, it brings on a severe retention of urine. 2dly. Hemorrhage is a more frequent consequence of the use of the caustic than of the common bougie, and it sometimes takes place to a very great, and to an almost dangerous extent. 3dly. Where there is a disposition to rigors, the application of the caustic is almost certain to produce them; and frequently the application of the caustic induces rigors, where there had been none previously. Now these are the principal evils which follow the use of the caustic, but there are other arguments against the use of it in some cases. If the bougie has been improperly used, and a false passage has been produced, or if there be the beginning of a false passage, the dissolved caustic will penetrate into this false passage, and aggravate the mischief instead of destroying the stricture. In cases of old stricture, where there is much alteration in the structure of the parts, the caustic is absolutely inadequate to the cure; and in many other cases, although the caustic may effect a cure at last, it does so by a very tedious process, and a cure would be effected in a much shorter space of time by the introduction of the metallic sound, or the retention of the gum catheter.

There are still some other methods of treating stricture, but what I have to say concerning each of them may be comprised in a few words. Mr. Arnott has invented what he calls a dilator, made of a tube of varnished silk, which is to be introduced into the stricture, and then dilated by impelling air into it with a syringe. The contrivance is ingenious, and I should think it very likely to be useful, where you wish to

dilate the female urethra for the purpose of extracting a calculus. It may be useful, also, in dilating the orifice of an abscess or sinus, being used instead of a sponge tent. But it does not appear to me that either this, or a steel dilator, which I remember that some one invented formerly, is likely to render us much assistance in the cure of a stricture. Such a dilator must be of a certain size. It cannot be supposed to be less than a middle sized bougie. Now if you can manage to introduce a bougie or sound of a middle size into a stricture, the farther dilatation of it is easy enough, the cure may be said to be all but accomplished, and neither of the dilators is wanted. On the other hand, if the stricture is much contracted, the introduction of the dilator will be impossible. Mr. Stafford has invented an ingenious machine, which is intended to divide a stricture by means of a cutting instrument. I dare say that cases may occur in which such an instrument may be useful, but I have no actual experience of it. It has been proposed, in cases of very old and neglected stricture, to cut down on the urethra in the anterior part of the perinæum, to divide the stricture with a knife, to introduce a gum catheter into the bladder along the canal of the urethra, to allow the wound to heal over the catheter, and thus to cure the stricture by incision. I have heard of this operation having been performed in several instances: in the greater number of cases the performance of it was a work of much difficulty; and in some of them the patient was sent to bed without its being completed. I suppose that no surgeon would dream of recommending such an operation, if he were able to introduce any kind of instrument through the stricture into the bladder; and it is evident that if it be performed where no instrument can be passed, the operation must be at once severe and difficult. But I have little farther to say respecting it, as I must candidly inform you that I have never performed it. In fact, the cases in which it ought to be resorted to are, as I conceive, *very rare indeed*. Setting aside those patients who are actually dying, there are very few cases in which, by perseverance and patience, and dexterous, and, above all, by gentle management, you may not at last pass an instrument into the bladder. Of those who have been under my own care, there have been two only to whom it

appeared to me right to recommend this operation. Each of these patients had fistulæ in perinæo, through which a sufficient quantity of urine passed to prevent a retention of urine; and not suffering therefore so much as those suffer in whom no fistulæ exist, they declined submitting to the operation which was proposed.

(To be continued.)

CASES OF RUPTURED URETHRA, WITH REMARKS BY

H. EARLE, F.R.S., &c. &c.

WILLIAM TAYLOR, æt. 42, was admitted into St. Bartholomew's Hospital October 20th, 1826, having fallen across the edge of a door on his perinæum. Considerable bleeding took place from the urethra, and effusion into the scrotum and perinæum opposite the bulb. He had not passed any urine for many hours. An attempt was made to pass a catheter by the dresser of the day without success, and Mr. Stanley, who was passing through the ward, was requested to see him. After some time he succeeded in passing a small elastic gum catheter into the bladder, and some water mixed with blood was drawn off. Mr. S. distinctly felt the rupture in the urethra in passing the instrument, which was directed to be left in the bladder. I saw the patient the following day, and found a tumour of the size of a large walnut rather to the left of the bulb. The scrotum was black with effused blood, but not much distended. Urine mixed with blood continued to flow through the catheter. The patient was treated on a strict antiphlogistic plan. He was largely bled from the arm, and twenty leeches were applied to the perinæum. He continued to go on favourably for some days without any increase of swelling and no appearance of effusion of urine. On the 25th the catheter slipped out, and the patient attempted to reintroduce it, which caused some return of arterial bleeding. He had suffered during the preceding night with severe rigors and fever. I introduced a larger catheter without difficulty, in doing which the laceration in the urethra was distinctly felt about the bulbous part. The shivering and fever returned at night, and the patient removed the catheter, which was followed by considerable hemorrhage. On the

following day I found him very ill, with frequent disposition to shiver, and the tumour in the perinæum had increased in size, and was very painful to the touch. I determined now to cut down and give exit to the effused blood and urine. A free incision was made through the tumour and extended downwards towards the anus. The membranous part of the urethra was distinctly felt, but not opened, as the lacerated opening communicated directly with the upper part of the incision and afforded a ready exit for the urine. The wound bled freely, and gave the patient much relief. From this time he was able to pass water without the assistance of the catheter, partly through the wound, but principally through the natural passage. The wound suppurated kindly, and speedily healed. It was necessary, for some time, to pass bougies, to counteract the effect of the contraction at the cicatrized portion of the urethra.

William Barnet, æt. 36, was admitted September 13th, 1827, into Pitcairn's ward. He stated that on the previous evening he had fallen about fifteen feet, and struck the perinæum across an iron bar. Violent hemorrhage took place from the urethra, and the scrotum and integuments became distended with blood, accompanied with severe pain. He sent for a medical man, who made many attempts to pass a catheter without success. He was bled, and leeches were applied to the part. He passed a night of great misery, and the following day was admitted into the hospital. His bladder was, at this time, sensibly felt above the pubes, no urine had passed since the accident, (sixteen hours,) nor for some hours before. His countenance was anxious, and expressive of much suffering; pulse 100, and full; perinæum and scrotum much distended, and of a dark, livid colour: there was, however, no external wound. He had made many attempts to pass water, but only voided blood. I cautiously introduced a full-sized silver catheter, which passed readily down into a cavity filled with coagulum between the rectum and membranous part of the urethra. The finger introduced into the rectum readily detected the point of the catheter in this situation. This being apparent, I immediately made a free incision opposite to the bulb of the urethra, and extended it parallel to the rupture to the extent of two inches. A quantity of coagulum and fresh blood escaped, and

the catheter became apparent, passing through the ruptured opening at the upper part of the bulb. I attempted to introduce an elastic gum catheter from this part into the bladder, but not readily succeeding, I desisted from any effort. The finger introduced into the wound passed into a large cavity filled with coagulum. It did not appear that any urine had been effused. The extensive extravasation of blood and the pressure of the coagula had, probably, prevented this. He was placed in a warm hip-bath, which encouraged the bleeding from the wound and loosened some of the coagulum. Whilst in the bath some urine flowed through the wound. He now became very faint and was removed to bed, and the bleeding was restrained by the application of lint and cold cloths. In the evening he was much relieved, with a moist skin and soft pulse. He had taken some castor oil, and had an ounce thrown up, which acted well. Urine mixed with blood continued to dribble away. He passed a tranquil night without any return of bleeding. His pulse was small and intermitting. On the 15th he passed about half a pint of urine voluntarily through the wound, which relieved him much. On the 17th he experienced difficulty in passing his water through the wound, and the dresser endeavoured to remove a coagulum which presented itself. This was followed by a return of arterial bleeding, which continued to flow through the greater part of the night, until the patient was alarmingly faint, requiring the administration of brandy and ammonia with opium. On the 18th no urine had passed, but the bladder was not distended. He continued very faint, with a feeble intermitting pulse. On raising him upon a night-chair, he was able to pass water through the wound. Suppuration now began to take place, and no farther alarming symptoms occurred. His pulse continued to intermit for a considerable time, the swelling of the scrotum subsided, and urine passed freely through the wound. October 2d I introduced a good sized metallic bougie, No. 12. On reaching the situation of the wound it met with some resistance, which was readily overcome, and the instrument passed on without difficulty into the bladder. On withdrawing the bougie, the patient passed some water through the natural passage. I introduced the bougie every second day. The wound in the peri-

næum now rapidly healed, and was closed by the 8th of October. The cicatrix had however so great a disposition to contract, that it was necessary for a considerable time to pass the bougie every second day.

The preceding cases afford a good illustration of the best method of treating these serious accidents, which are sometimes followed by the most disastrous consequences from the effusion of urine, without the most prompt and decided treatment on the part of the surgeon. I have seen several of these cases, varying in extent and in the degree of danger, and, from an attentive review of all the circumstances which have attended them, I do not hesitate to state, that, where there is reason to apprehend that the urethra has given way, either by ulceration or from the application of force, the most judicious plan is to make a free opening in the perinæum, by which we at once secure a ready exit for the urine, blood, and matter, and prevent any extension of the mischief. This is far better than to persevere in endeavouring to introduce instruments into the bladder, by which the injury is often much increased, while the attempts prove abortive; and even should they succeed, it frequently happens that the presence of the foreign body in the urethra keeps up the irritation and increases the malady. In many of these cases where there is no external wound, and where the patient is ignorant of the nature of the injury, and the danger to be apprehended, it is often difficult to persuade him or his friends of the necessity for such an operation. Much decision and firmness are required on the part of the surgeon, who should act at once, or he may be too late to prevent extensive or even fatal effusion of urine. No possible danger is to be apprehended from the performance of the operation, which places the patient in a state of security, and enables nature to set about her process of reparation. The wounds always heal readily if properly treated, and the external incision be of sufficient extent.

In looking back to the circumstances of the two cases which have been above related, we find that, in the first case, although a catheter was successfully introduced, and the water drawn off through it, yet it became necessary to operate after the lapse of several days, in consequence of the constitutional disturbance excited by the presence of the

catheter, and commencing suppuration in the seat of the effused blood at the rupture in the urethra. Upon giving exit to these, the urine flowed without difficulty through the natural passage, and the hemorrhage from the urethra ceased altogether. I have no doubt that in this case the relief would have been more speedy, and the patient would have recovered sooner, if an incision had been made immediately after the receipt of the injury. In the second case, I have every reason to believe that the effusion between the urethra and rectum was much increased by the repeated attempts to pass catheters. The presence of so much coagulum kept up an hemorrhagic action in the artery of the bulb which had nearly proved fatal. The successful issue of the case depended, I am convinced, on the free incision which was made early, and the abstaining from all attempts to pass instruments until the breach in the urethra was nearly repaired. The surgeon has two things to learn; when to act, and when to be a passive observer of nature's processes. In the present case, when he has secured a free exit for the urine, he should refrain from any farther interference until the natural efforts at reparation have nearly come to a stand. He is then called upon cautiously to restore the natural passage, and obviate the contraction which would follow the complete cicatrization of the wound.

FOREIGN SUBSTANCES IN DIFFERENT PARTS OF THE BODY.

To the Editor of the London Medical Gazette.

Sir,

THE experience of medical men, as stated in their conversation together, is not less important than the detail of cases: but it seldom reaches the younger members of the profession, to whom it is of most consequence. I would fain hope that your Journal may continue to encourage that easy communication between the members of the profession which most resembles conversation. The letter of Mr. Brodie, which so curiously explains how needles may get into the body, leaves me still puzzled to find how other things get there. A farmer's wife, with her gossip, came to me describing the great distress she had suffered on coming up to town from

being unable to sit. She proceeded to describe an excessive pain and pricking in her hip near the labium. When I had prevailed upon her to allow me to examine this, I found an abscess pointing, and I thought something like a foreign body within it. I opened this with the lancet, and struck on something hard; and having got hold of it with the forceps I drew it out. My surprise was very great to find it was a piece of a comb, but nothing to that of the poor woman, who was quite speechless with amazement. She could give no account of the manner of its coming there; indeed the talkativeness of the two good ladies ceased altogether, and they seemed very desirous to depart. The surgeon who attended her in the country, wrote me some time after that he had extracted another portion of the comb. That which I took out consisted of four of the coarse teeth of a dressing-comb.

It is not uncommon for bones to be arrested in the rectum, causing great irritation above the sphincter; and these I have known make their way to the hip. A bone sticking above the sphincter, obstructing the course of the canal, causing great pain and irritation, has been mistaken for cancer in the rectum; and the patient has been relieved from great suffering and the apprehension of death, by the extraction of such a bone. I attended a physician from India, Dr. M., with scirrhus-contracted rectum. In the course of the disease his symptoms became suddenly aggravated. The cause at length disclosed itself in a phlegmonous tumour forming upon the point of the hip. When I opened this, there were discharged from it as many bones of small birds as would lie on the palm of the hand. But, unfortunately, these bones had not been the cause of the disease in the rectum: they had only been retained above the scirrhus contraction, until by inflammation and suppuration they had made their way through the cellular texture to the hip. Such circumstances teach us the propriety of passing a sound through the stricture when there is any great aggravation of symptoms. I may notice that such things sticking in the rectum produce great irritation in the bladder. Colonel G. had consulted me on account of a stricture in the urethra. I found none, and attributed his symptoms to intestinal irritation. (See his case, p. 74, of my Treatise on the Diseases of the Urethra.) That

gentleman, while on a coasting voyage in India, which he undertook on account of his health, had a large fish-hook extracted from his rectum, which I have no doubt had been the cause of the irritation of his bladder.

I am, your obedient servant,

CHARLES BELL.

Soho Square, January 14.

INDIAN TREATMENT OF FEVER.

(Extract of a Letter from a Surgeon in India.)

To give you some idea of the fatiguing duty we had to undergo, we had to visit the hospital at Gunfire, by four in the morning, and never got home before twelve or one o'clock in the middle of the day; returned again at three, and never could get home till dark. My duty was not harder than others; we had neither horse nor palanquin, and were restricted to six servants. I had not been twelve days at Arrakan when, after the hard fatigue of a morning, as I have before mentioned, I had to walk full three miles in the sun to see an officer of ours then at death's door, and the same distance back, making six miles between twelve and two o'clock, the hottest part of the day. I was very much fatigued, and got drenched to the skin in a very heavy thunder shower; the consequence was an attack of intermittent fever the same evening, which lasted from seven till twelve, and left me very much exhausted. I thought myself very strong, however, and able to bear up against any thing in the shape of an intermittent, so that I merely remained at home the following morning and took a little medicine. In the afternoon I felt myself so much better, that I went to hospital, from whence I was carried home insensible, and had a dreadfully violent attack of *puckah fever*, with delirium, and symptoms of general inflammation, more particularly of the brain. They bled me while a drop would flow, and blistered me from *top to toe*; from that day I remained perfectly delirious for nearly three weeks, and of course knew nothing about what they were doing to me. I have since met one of my medical attendants at Dacca, who has notes of my case, by which I find that I took *twenty grains* of calomel *every hour* for *three* days, and had two bearers rubbing mercurial ointment into my side before the system

became affected; my head was blistered seven times, and my chest four times; I had three bleedings from the arm until I fainted each time, when of course they stopped; and notwithstanding all this, you see I have not yet died of the *doctors*, thank God for it. It was the unqualified opinion of all the medical men who saw me (six in number) during the first ten days of my illness that I could not live an hour, and they then left me entirely to nature for *four days*, having done all they could for me. You know I disapprove of what is generally termed giving a man up; "while there is life there is hope," and I am at this instant a living though very unexpected example. I think that it was fortunate for me that delirium came on so soon and deprived me of the power of reasoning, because we were losing from ten to fifteen men daily of the same fever, in the king's 44th and 54th regiments, and knowing well the malady might have done harm; however, thanks to a good hardy northern constitution, I survived both the disease and the remedies. I cannot give you any information about my being sent on board ship to return to Bengal, but from the report of others. My good friend P., the moment he heard of my being in a ship bringing the sick from Arrakan, very kindly sent his nephew with a delightful boat, and had every thing prepared for my reception with my friend Dr. A., Secretary to the Medical Board, under whose kind care and roof I remained till I left Calcutta. I was carried in a bed from the boat to A.'s house, and for four months after my arrival in Calcutta could neither move hand nor foot, nor turn on my couch; I was nothing but a shadow; my brother did not know me. All letters were kept from me till the day before I left Calcutta for Dacca, where I took a sail to gain strength, and was then ordered to remain and wait the arrival of my regiment from Arrakan. I have only been able to stand since I have been on the river, *walking* entirely out of the question.

(This was nine months after his attack.)

PRESENT STATE OF MEDICINE IN PARIS.

*To the Editor of the London Medical
Gazette.*

Sir,

HAVING in my last confined myself to the general accommodation of

the sick in the hospitals of Paris, I now come to the rather uncourteous remarks of Dr. Thompson's correspondent, on the present state of medicine, and "medical schools," in that metropolis. These remarks may be classed under two heads.

1st. Those that regard the manner adopted there of studying disease, and investigating its nature in the living and the dead subject.

2dly. Those relative to the cure of disease.

Had this attack upon the institutions and the opinions of so enlightened a nation appeared unsupported in your columns, it would have been perfectly harmless; so strong is the internal evidence that, instead of facts, it contains the crude and hasty impressions made by novel, unexamined scenes upon an unexperienced mind. Affiliated, however, as the letter is, by a respectable British physician, (himself a professor,) if suffered to pass unnoticed here, it might produce on the other side of the water impressions unfavourable to our countrymen, particularly those who annually resort thither to avail themselves of the abundant facilities for the acquisition of knowledge, so liberally thrown open to them. Surely nothing can argue a greater want of good feeling, than to speak so harshly of those who receive us with urbanity, and admit us *gratuitously* to all their most precious sources of instruction. The literal truth of the remarks would not justify their author. Fortunately the assertions of the class of tourists to which Dr. Thompson's correspondent belongs, are generally based upon such slender grounds, that but very few facts are required to refute them.

The gentleman writes, "I suppose I have seen a hundred dead bodies opened already;" from this I would conclude that he might have been about ten days or a fortnight in Paris at the time he wrote. By visiting the *Ecole de Médecine* and *La Pitié* four or five times during that period, he might probably have seen thirty or forty *ouvertures*. These, in his vague way of stating what he had observed, might be easily magnified into "a hundred."

There is certainly no city in Europe where so large a proportion of its sick is treated in hospital as in Paris. All the poorer classes, and a large share of the unmarried of the class next above these, invariably go into hospital, when they

are too ill to work. Nine-tenths of the dead are never claimed, because the expense of burying would devolve upon the claimant. Hence our young men, upon their first arrival in Paris, never fail to express their astonishment and horror at the prodigious number of subjects lying about in all the anatomical theatres, (and there is one at every hospital,) particularly in the winter season. Bodies are always to be had for about four shillings each. This accounts for the exclamation of Dr. Thompson's friend, that "human life is a matter of no concern, nor human death either."

Now, sir, as to French pathology,—the Paris plan of studying disease, and investigating its nature, &c.

Where has Dr. Thompson or his correspondent seen diagnosis founded upon "percussion and auscultation" alone? Was it at La Charité, where this sense may be said to have been first effectively employed in the study of living disease? Is it Fouquier, Lerminier, Andral, or Chomel, that adopts this brief, exclusive method? It is implied that they all adopt it. One example, taken from careful and repeated observation of the practice of these distinguished men, will be worth a thousand vague assertions, however eloquent the antitheses into which they may be laboured about mineralogy and pathology.

That there may be no want of precision on my part, I shall take M. Chomel's practice as an example of the Paris mode of forming a diagnosis, or "of ascertaining the condition of the patient." This gentleman now occupies the chair of the late lamented Laennec.

The newly admitted patient is always examined in bed, and the following plan of investigation is never deviated from, except it be to render it more minute.

First. The age, profession, habits, and length of time resident in Paris, are ascertained. The patient's own account, and that of his friends, as to symptoms, feelings, appearances, &c. Next the general outline of the body (if a male) is examined: the feel of the belly; its sensibility to pressure in all directions; the resonance of the naked chest; the expression of countenance; the eye; the state of the tongue; the skin: the pulse is always counted by a stop-watch. Next the sputa are minutely examined; the urine; the contents of the night-chair; the testimony of the sister and the *garde*. Lastly, M. Chomel applies his naked ear to the

chest, if there be the slightest room to suspect that the contents of this cavity are affected.

From all these evidences M. Chomel generally ascertains, with unerring accuracy, the seat and the nature of the disease. During an acquaintance of four years with the physicians and hospitals of Paris, this has been the mode which I have always seen employed "to ascertain the condition of the patient;" and never once have I seen a diagnosis attempted to be established without the concurrent testimony of as many of these evidences as could be obtained. Indeed, the great discoverer of auscultation used to take much pains to impress on the minds of his class, that the stethoscope and percussion could only be looked on as important *additional evidences*, to assist us in distinguishing diseases from each other which are accompanied by so many symptoms common to all, and therefore so liable to be confounded, if symptoms alone be attended to. He inculcates the same doctrine in his writings.

The seat and nature of the disease being determined, are publicly recorded. The patient is closely observed, and frequently reexamined, each change that occurs being noted. When he dies, the body is invariably opened; not, however, with the view of obtaining a specimen to be put up in a bottle, to show "the changes arising from *morbid actions* in the parts,"* but for the more practical purposes of connecting the signs and symptoms during life with the diseased structure discoverable after death; to correct the diagnosis, if there be an error, in order that a similar error may be avoided on a future occasion.

The above, I think, you, as a practical man, will allow, Mr. Editor, is not a bad mode of ascertaining the seat and nature of disease; and I trust you will also allow, that one important step towards the cure of disease is, to know what disease we have to cure, and where it is situated.

Now comes the remedial department. "Three, four, and six" children dead of a morning, and "not a grain of mineral medicine has yet been ordered in my presence." The dear submuriate! "*Hinc illæ lachrymæ.*" The ideas of calomel and sick children are so associated, that even in death they cannot be separated. This is the true leaven of

* Baillie's *Morbid Anatomy*. Preface, 3d ed.

what our witty neighbours term, "*la médecine stercoraire*." Here is a zealot of that medical creed, which teaches that the goddess Hygeia is not to be propitiated but by copious and frequent sacrifices at the shrine of Cloacina. Take a sample of this sect. A patient is operated on for strangulated hernia. Though the gut is somewhat inflamed, there is no bad symptom; yet he is ordered to have soap-suds and salts *per anum*, and solution of salts by the mouth, every hour until the bowels shall have acted freely. After ten stools he dies.—*Quousque tandem?*

I find that it would occupy too much of my time, and of your Journal, to enter more fully on the subject of the Paris medical schools at present. I have not, however, done with the subject, nor with the letter of Dr. Thompson's correspondent. From my first resting-place you shall hear again from

Yours,

VIATOR.

January 2, 1828.

LIFE OF ST. LAWRENCE.

Sir,

THE epigram in one of your late Numbers on the martyrdom of certain saints, led me to inquire into the history of some of these worthies, beginning with St. Lawrence, to whom you particularly allude. The connection between his history and the study of medicine, may not, at first sight, appear very obvious to your readers; but as the life and death of that martyr, according to a manuscript now in my possession, differ so materially from the account hitherto published; and as my version of the story is replete with instruction, and affords "a great moral lesson" to the youth of all countries, for whatever profession they may be destined, I determined to send a few extracts to your Journal; well knowing that no class of young men are more in want of a code of precepts for their guidance and instruction, than those who dedicate themselves to the study of medicine; and that to point out to them what they ought to avoid, is often as useful as to teach them what they should do.

I could tell you a long story as to the mode in which I came in possession of the manuscript from which I have extracted the following passages; I will, however, merely observe, that it was

once the property of one of the inferior clergy, a man of the name of Nesbit, who had a fancy for publishing the lives of his contemporaries; and I have the strongest reason to believe in its fidelity and accuracy, since I am assured by some who saw it in his possession, that the manuscript is in the hand-writing of the saint himself. The relation of all the particulars of this story would consume too much time, and as I know the value of that precious commodity full well, I shall compress what I have selected into the smallest possible compass, and instead of giving you the whole life of St. Lawrence, only present you with an account of three of the most remarkable events which distinguished it. I must begin by remarking that, according to my account, this saint suffered the pains of broiling upon the gridiron more than once; and that, so far from his death having been occasioned by that process, as is commonly reported, he actually recovered from all his broilings, and lived to a good old age.

Every body knows that St. Lawrence was originally intended for the clerical profession, and that he commenced his noviciate in a convent now no longer existing, but which was situated not very remote from the dwelling of the Carthusians, and which was dedicated to St. Bartholomew. He was very soon distinguished for his talents, his zeal, his extraordinary appetite for reading, and for a peculiar faculty by which he was enabled to convert all he perused into his own property, so that people never dreamt that many of the brilliant thoughts he uttered as original, were borrowed from various sources of information known but to few. So qualified, he could hardly fail to surpass all his fellow scholars, and to astonish his teachers, giving promise of every thing that was great and good; but, alas! he had too fatally imbibed the doctrines of the Pyrrhonian sect; and, what was still worse, he strengthened and confirmed these perverse opinions by carefully abstaining from all researches that could reclaim him from such gloomy doctrines; he saw, or thought he saw, that a new road to eminence lay open to him, the end of which, although he could not distinctly perceive, he fancied would lead to some brilliant destiny reserved only for himself, and he boldly pushed forward.

If phrenology had existed in those days, all this might have been easily

explained; the professors of that science would have discovered, on examining his cranium, the evidences of good talents, with great ambition, no little share of vanity, and a propensity to sarcasm, so strong that no feeling of old friendship, no respect for age and acknowledged ability, could control or repress it.

However, in due course of time, our novice entered into the minor orders; and then his vanity was puffed to a most extravagant height by the uproarious applause of his late fellow scholars, and the premature praise of some old doctors of priests, who, having forgotten all they once knew, were perfectly astonished to meet with a young man more learned than themselves. Now it was that our saint began to show some unfortunate parts of his disposition; he quarrelled with the superior of his convent, one Father John, to whom he was greatly indebted for the reputation he had already acquired; who had petted him, brought him forward, and even got him elected into a very honourable office about his own person. By the by this Father John was himself rather an extraordinary personage; he had a most mercurial temperament, with an excellent heart and a superior intellect; but he had some odd notions notwithstanding, and was a good deal haunted by the blue devils. Among other whims, he entertained a belief, which he could not for the life of him keep secret, that the soul was seated in the stomach; a heresy which spread very rapidly, and which we understand is still entertained by many of the municipal bodies of the metropolis of England. But to return. Our saint began, at the same time, to show his bias towards the sceptic school upon all occasions, both public and private, and at last he summoned up courage to publish a book, in order to prove "that every thing proceeds from nothing;" and to help him in his argument, he invented a new logical syllogism, which ran something in this way:

An infant does not know so much as an adult;

An old man is little better than an infant;

Ergo—Man has no soul.

It cannot be supposed that all this passed off quietly, in fact this was the origin of the saint's first broiling; to which he was condemned by a solemn decree of the superiors of the various convents and colleges: but soon after

he had been stretched on the gridiron, and the fire began to burn up pretty briskly, he recanted his errors in certain documents which are still in existence, and was immediately released—a good deal frightened, but so little hurt by the operation, that, after a time, it required rather a close examination to distinguish the injury he had received. Whether this gentle punishment emboldened him to try his luck again, or whether his ambition urged him to make the attempt which caused his second exposure to the same discipline, the manuscript does not say; but as he had fully persuaded himself that he was qualified to fill the papal throne, or at least to become a member of the conclave, though, in truth, he had but lately taken priest's orders, he determined to make an attempt to acquire either one or both of the above-mentioned dignities without farther loss of time. But he set about accomplishing this object in the most extraordinary manner possible, and with a species of *gaucherie* which surprised every body—excepting his intimate acquaintance. He looked out for all those priests who had a tendency to hold any heretical opinions, he assembled them, he got elected their chief, and then, by dint of speeches full of talent and absurdity, he contrived to convince the conclave of his utter unfitness for the situation he sought to obtain; a fact of which they were previously far from being certain.

Well, upon this second offence you may be sure he got a severe burning; in truth, he writhed and struggled so much upon his gridiron, that the scars and marks of the burns he then received were visible even to his dying day. However, the object of his judges was not to destroy, but to correct; he was therefore again released, and, to do him justice, he remained very quiet, as long as it was impossible for him to move. A friend of his, however, who had also suffered severely by burning, but in a totally different way, was proprietor of a vehicle, which, though dirty enough to be sure, enabled the saint to be carried about, and to take short journies, without being seen, until his wounds were apparently healed, and he had recovered a good deal of his original strength, together with his former belief in his preeminence above all his contemporaries.

The occasion of the saint's third and last burning, which, in fact, he never

thoroughly got over, was this:—There was a priest who, at this time, made a great noise throughout the whole country, whose name was Anthony, and who, being afterwards canonized, was called St. Anthony. This man had the power of playing the oddest freaks with people that ever were heard of: he would suddenly cause them to turn very red, either in the face or some other part of the body, and during this time they began to talk incoherently, and very frequently did themselves material injury. This caused a great dispute among the divines how these poor people were to be treated: some were for gentle and soothing measures, some recommended starving them into good behaviour; others thought it better to tempt them by good living; but at last St. Lawrence stepped forth, he saw that another opportunity presented itself of regaining his lost ground, and he declared, boldly, that the only way to rescue them from the influence of St. Anthony was to bleed the poor wretches almost to death, after which they were always sure to recover. Some of his best friends, however, ventured humbly to doubt whether the bleeding ought to be carried to the extent recommended, or whether the mode of taking away the blood might not be somewhat mitigated; for the saint recommended parallel lines to be drawn along the suffering parts with a sharp knife, precisely upon the same scale, and in the same manner, as practised by a modern butcher upon a loin of pork. Our saint, however, was not of a temperament to brook advice from any one, and at last contrived to prove himself completely in the wrong by his own peculiar method—that of publication. This he did in the form of a letter; in which, leaving the discussion of the points at issue, he endeavoured to make what, in military phrase, is called a “diversion,” by attacking the opinions of his adversaries on other subjects, and even assailing, with the shafts of ridicule, (a very favourite weapon of his,) what he deemed the weak parts in some of their individual peculiarities. What caused great scandal among all well-disposed persons was an event which took place about this time. It so happened that one of the conclave, who had been his chosen friend, quarrelled with him about St. Anthony, and in order more speedily and effectually to disseminate their opinions, they hired the vehicle alluded to week about, and

went openly in it over town and country abusing each other. How the other bore this kind of exercise it is not worth while to inquire, but with St. Lawrence it fared very badly; for partly owing to the jolting of the vehicle, which had now become rather crazy, and partly owing to his having been very much heated, all his old sores, which had been apparently healed, began to break out again, and even to display strong symptoms of mortification. This dispelled all remaining doubts with regard to the soundness of his constitution, and proved unanswerably how much the poor saint had suffered, and still continued to suffer, from his last broiling, a circumstance which he might otherwise have concealed; for as he had many good qualities, most people were rather disposed to overlook his blemishes. However this may be, it is certain, as I before said, that he never entirely recovered his last punishment, but at length he retired from a world that either could not, or would not, duly appreciate his talents, and gave himself up to seclusion.

It only remains to explain how he came to be canonized; and from my manuscript it appears that this honour was conferred upon his memory at the period when the Catholic world was scandalized by the existence of three popes at once, who converted their friends into saints at their pleasure. If you approve of this I have several other manuscripts of the same nature, one of the most curious of which contains some particulars of the life and sufferings of St. James the Less.

Yours, &c.

Q. IN A CORNER.

MEDICAL GAZETTE.

Saturday, January 19, 1828.

“Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso.”—CICERO.

MEDICAL EDUCATION.

THE profession has lately been agitated by various writings and discussions on the subject of medical education, and a pretty considerable share of abuse and obloquy have been heaped upon the institutions of this country, and the whole

system of instruction as at present established among us. So much, indeed, are we struck with the representations of the vast inferiority of our methods of study, which have poured in upon us from certain quarters, that we are astonished at the rank which our wretchedly educated physicians and surgeons have been able to attain in the opinion of their own countrymen, as well as throughout Europe, and scarcely can believe that we have to reckon Sydenham, Fothergill, Fordyce, Heberden, Baillie, and a host of other brilliant ornaments of our profession, as bred in their native soil. But, in truth, the source of all this clamour is easily detected: the continent has again become open, our medical "monkies have seen the world," and have returned with the true traveller's contempt for every thing that tastes of home. They have heard Broussais; they have seen Beer and Graefe operate; they have combated inflammation with contra stimulants; they have witnessed public examinations; and they have come back again to convince us, if possible, of our forlorn and wretched condition, and assure us of the comfortable and refreshing truth, that the science of medicine is so perfectly taught and so thoroughly understood in those happy regions where *they* have travelled or studied, that Death is in absolute despair, and if it were not for an occasional epidemic fever, or now and then a visitation of Mediterranean malaria, that he would positively have nothing to do on the continent of Europe. If this last assertion were proved to be the fact, any attempt that we might make to defend ourselves from the attacks now levelled against us would be in vain; for the healing art has, or ought to have, the diminution of the ratio of mortality for its ultimate object, and by this test the superiority in point of practice will, *cæteris paribus*, always be appreciated. Now, we are prepared to show that our public charities in England will bear a comparison in this respect with any similar establishment

on the continent; and from this alone we are disposed to infer that the practitioners in this country are *at least* as effective and as well acquainted with the nature and treatment of disease as their continental brethren, notwithstanding the pretended superiority of the course of study represented to be followed in most of the schools of France, Germany, and Italy.

In truth, however, the mode of education of the professional man in England partakes of the free character of all the institutions of the country. It is wanting in system, certainly; it is desultory; and it is, perhaps, left too much to the will and inclination of the individual; but then that individual knows and feels that his own exertions must render him eminent; that he must outstrip his contemporaries in zeal, knowledge, and general character, if he intends to rise above the ordinary level: and the prize for which he struggles is, certainly, much greater than that which is attainable elsewhere, because the general estimation in which the profession is held is higher, and the reward is therefore increased in proportion. It is certainly true that government does little for medical science in this country; that in the south, at least, we have no scholastic discipline, no salaried professors, no code of college rules to be adhered to; but yet we have schools of no mean fame, established by the genius and zeal of Hunter, Cline, and Abernethy, and these schools have produced men whose names resound throughout Europe. In physiology, what can Europe produce superior to the modern discoveries of C. Bell, of Wilson Philip, and of Brodie? In chemistry, who will compete with Davy, Wollaston, and a hundred others, whose names it might be thought invidious either to mention or to omit? In surgery, if France has to boast of Dupuytren, we have equal reason to be proud of Cooper. And thus we might run through a long list of men who adorn every branch of our profession, and who have been bred up under the system of education repre-

sented as so miserable and effete. In short, from all we have read and heard, we are inclined to believe that the continental system is as little suited to the atmosphere of England, as the censorship of the press, the military police, and the blessed invention of travelling with passports. It may, perhaps, be asked, are we then to sit down contentedly with the persuasion that medical education in England has obtained the highest degree of perfection of which it is capable? that it is complete in all its parts? that it is *totus teres atque rotundus*? We are far from making any such assertion: we know that there are many points in which change is imperatively called for; that in others great improvements may be made; and that we might borrow some useful hints from our continental neighbours with great advantage to ourselves. But we conceive that all this might readily be effected without bringing into play all the heavy machinery of a German University, and without overturning that free, independent, and emulative course of study, which has effected as much for the elevation of the medical profession in this country, as it has done in every other department of science and of art.

DR. HARRISON.

We have heard nothing from Dr. Harrison. We promised that if he would tell us what he meant when he stated that his object was "to bring all disputed matters formally into court;" that "he had tendered the College for years, *opportunities* of examining their pretensions for interfering with him;" and "that he had furnished his solicitors with instructions to give *every facility* to a legal investigation;" we stated that if he would tell us what he meant by these *opportunities* and *facilities*, we would do him justice by publishing his explanation; and we added, that if he declined telling us, our readers would know what conclusion to draw.

Three weeks have elapsed, and we have received no answer, so that we may safely draw the conclusion at which we hinted, that all his high-sounding offers were nothing but "empty words." If he had sent us an explanation of his meaning, we would have printed it in parallel columns, side by side, with those parts of his former letters to which the explanation would relate, which would immediately have shown that it was incompatible either with his former offers, or with his present refusal. The trial is coming on; he has been drawn, or rather driven from his "strong position," and will be compelled to fight a pitched battle without the credit of having faced it.

Dr. Harrison's mode of proceeding is not the way to effect a reform in medical legislation, and we need scarcely say that the licentiates of the College of Physicians ought not to consider him as their champion. His and their objects are totally different: that of the licentiates is *good* government; that of Dr. Harrison is *no* government; *his* object is to put an end to all law; *their* object ought to be to place the legislative and executive powers, by which the medical profession is to be governed, in the hands of an aristocracy of professional merit, wherever that merit may have been produced, instead of intrusting them to the graduates of certain Universities, whether they possess merit or not. The time is long gone by when particular schools might be safely selected as the sole nurseries of talent; and we equally condemn the indiscriminate admission of all English graduates, and the indiscriminate exclusion of all others. But this is a subject to which we shall probably ere long return; when we shall enter more fully into the question, and show that we are not, by any means, bigoted to the "things that be."

ANALYSES AND NOTICES OF BOOKS.

“L'Auteur se tue à alonger ce que le lecteur se tue à abrégér.”—D'ALEMBERT.

De Anatome, et Pathologia Ossium Commentarii. — Auctore, ANTONIO SCARPA. 4to. pp. 136.—Ticini, (Pavia,) 1827, with plates.

A FEW months ago it was confidently asserted that Scarpa was dead. We rejoice to find that he is alive and at work again, writing about bones, (a fit subject for one who has been exploring the dark museum of the grave,) and in a fit vehicle—a dead language.

This volume is composed of two commentaries—the first on the internal structure—the second on the morbid growth of bones, and on the formation of the callus after the fracture. The former was originally published separately in 1799, and, as the treatise is in the hands of many, it will not be necessary for us to do more than give the general conclusions to which the author's experiments and investigations conducted him. Scarpa exposes the fallacy of the views of many of the older writers, and proves, by microscopical observations, that the ideas of laminæ and tables united together by a variety of clavuli are erroneous; that, in reality, the ultimate structure of bone is reticulated, formed by minute filaments situated at acute angles to each other, and more or less implicated together, forming what may be termed a bony cellular texture; and this not only as to the internal arrangement, which any one may see by making a section of a bone, but also that the hard, *cortical* part is cellular. This the author proves, both synthetically and analytically—the former, by tracing up the first formation of ossific matter in the cartilage of the chick, and of the human embryo; and the latter, by removing the earthy portion of the hardest bones by acids. By watching the process of ossification in the manner of Haller, our author believes that he has proved that cartilage is the groundwork of all bone; that first, minute rugæ are formed, into which the blood-vessels secrete the bony matter, in a reticulated or cellular form. As the ossification proceeds, the whole bulk of the bone, externally, as well as internally, is soft and downy,

(gossypiacea,) without any trace of the cortical part, and without any regular medullary canal. When ossification is perfect, however, in the cylindrical bones for instance, the cellular external structure is rendered more dense by an increase of bony deposit, forming the cortical surface, the whole groundwork of cartilage being now ossified, the internal cells in the mean time being enlarged, and their walls becoming more expanded for containing the medulla. In the same way, the spongy extremities of bones, the epiphyses, are formed by the mere expansion of the cellular structure, and not by the peeling off, as it were, of the supposed laminæ.

The possibility of the firm cortical part of bones being expanded, is shown in cases of exostosis, and is often a salutary process of nature; as in cases of necrosis.—In rachitis also, where the earthy particles are in great measure absorbed, the bone is soft and nearly cartilaginous in its texture; and when cut into longitudinally, and soaked in turpentine, it is found that the cells are unusually dilated and loose, even of the external cortical parts. The formation of the callus to unite fractured bones is another of the proofs which the author adduces in support of his views. A callus or carunculous granulation is secreted on the surface of bones which have been artificially deprived of their periosteum, and it is astonishing how rapidly this process is performed in some animals, particularly in birds; in all this a structure is found similar to that of bone in its first stage of ossification. It is by a process similar to that of the formation of callus, that a dead bone is separated from the sound portion.

This cellular structure, as Scarpa has also satisfied himself, exists in the bones of other animals, as fish, the cetaceous, and reptiles, &c. So much did prejudice bias the investigations of anatomists, that Albinus and Havers have both described the blood-vessels of bones as running in straight lines from the periosteum, through certain perforations in the laminæ or fibres, into the interior medullary structure; whereas Scarpa clearly proves that they run irregularly and frequently ramifying throughout all the reticulated structure of the bone, and apparently when arrived in the more lax and spongy internal cells, they become the vessels secreting the medullary matter. As to the nerves

of bones, although their minuteness may render their detection difficult, it is very easy to satisfy oneself of their existence, by the sensibility both of bone and of callus or granulation of bone, in particular cases where they become exposed.

The author then proceeds to discuss two points on which anatomists have often differed,—1st, Have or have not the bones of the head of the foetus a diploe?—2dly, Are there any frontal, ethmoid, maxillary, or sphenoid sinuses in the foetus of nine months? As to the first, he points out that the whole of the bone, except that surface nearest the cavity of the cranium, which is smooth and solid, (vitreous,) is one universal diploe, exactly the same throughout. As to the second question, Scarpa agrees with Albinus that these sinuses undoubtedly do exist, though the frontal is not always very distinct. Albinus has given representations of them in his “*Icones ossium foetus*.” They become enlarged as the bones of the face, and particularly the jaws are developed in advancing maturity.

Commentarius secundus.

Taking for granted that all reasonable persons must have been fully convinced that the conclusions come to in the first commentary are correct, Scarpa proceeds to notice the exceptions that a recent author, Meding, has taken against his illustrations of the expansion of the cells of the cortical portion of bones in cases where the interior medullary part of a cylindrical bone had been rasped out in a living animal; Meding denying that such cortical part ever expands, and asserting that Scarpa mistook the deposition of new bone from the periosteum for such expansion. Scarpa, however, appeals for proof to the bone itself, which is preserved in the Museum at Pavia, and asserts that there is no new bone deposited at all, but that the parietes of the cylinder are simply expanded, without any dead crust of bone being imbedded in them, as in common necrosis. In order to confirm the fact, our author made the following experiment:—He made an opening into the centre of the medullary cavity of the radius of a dog, two months old, broke up the medulla in the lower part of the bone completely, and filled it with cotton down, and did the same to a less extent in the upper part. The wound was closed, and on the next day the

whole leg was much swollen. In a few days the swelling of the soft parts had gradually subsided, but the bone itself had become much enlarged, increasing daily. At the end of a month the dog was killed. The lower portion of the radius was found much swollen, soft, and flexible; the periosteum was very vascular, adhering in every part to the subjacent bone, and having no deposit of any kind, fluid or bony, between it and the cortical surface of the bone. On making a longitudinal section of the radius, its cortical surface at the inferior part was found softened, flexible, of a loose, spongy consistence, and four times thicker than the cortical part of the opposite sound radius. The arteries were found unusually dilated and numerous, running across the periosteum to the soft, flexible, bony expansion. All these appearances were to be seen in the upper part of the radius, but less marked, so that the more the medullary texture was destroyed, the more did the cortical part become expanded and softened. This experiment was repeated in another dog, four months old, but the destruction of the medullary texture was more complete, and the space filled up very tightly with charpie. The swelling was more rapid, and the dog was killed on the seventh day. In some parts, exactly the same appearances presented themselves as in the last case; but in others, the periosteum was separated, and appeared wrinkled and flaccid, with some watery matter effused between it and the bone, of a different sort from that gelatinous fluid which accompanies incipient ossification. On making a section of the bone, it was found that the cortical parts under the separated periosteum were perfectly dead, and neither flexible nor soft; whereas the rest of the bone was exactly as in the last case. Thus it appears that unless the bone is sound and living, it does not undergo the expansive process, nor does the periosteum over it preserve its usual qualities. The younger the animal, the more Scarpa found the bony expansion to take place. Now this bony expansion could not have been new bony deposits, because, by the experiments of Troja, it appears that it takes fifteen or twenty days for the callus to become ossified. Whereas in the second experiment the dog was killed on the seventh day, and the expansion presented the reticulated texture of perfect bone.

There are some morbid conditions of bones, where each or nearly every one in the body is reduced to the consistence of cartilage, and at the same time is extremely flexible and spongy. In these cases the phosphate of lime is totally absent, or nearly so, whilst the urine is loaded with it. The cellular structure of the bone is much expanded, but no breach of continuity exists, and even the cortical part is so, there being merely a thin leaf of firm bone externally. The blood-vessels ramifying through this spongy texture are much increased in volume, and are turgid with black blood. On pressure, a white, oily, viscid fluid may be squeezed out of the bone, and if it be dried it shrinks very considerably. In some instances this condition of bone has always followed a blow or other external injury. Sometimes a fresh deposition of phosphate of lime has been known to take place, and the bones have regained their pristine firmness. Cases in illustration are quoted from the *Philosophical Transactions* of London, from Abernethy, Pott, and Gagliardi.

The cases of soft, expanded bone occurring throughout the body are extremely rare, whereas it is a very frequent occurrence in single bones.

The author here quotes several cases of hydrocephalus, and relates one of his own, where the bones of the skull were above an inch in thickness, and where, by the furrows on the internal surface, it was easy to perceive that the arteries of the dura mater, and probably of the pericranium also, were of an unusually large size. The increased dimensions of the veins in the neck in these cases, show the force and quantity of the blood circulating in the head. It seems to be a salutary process of nature that in hydrocephalus the bones of the skull should become thicker, and more expanded, in texture, as they dilate, to admit of the increased contents of the cavity, without losing their strength.—In enlargements of the bones of the face from disease of the antrum high-morianum, it is found also that the bones forming the parietes of that cavity become swollen and spongy, and so soft that they may be cut and pared down with a scalpel. By a similar process the alveolar cavities are filled up when the teeth have been extracted, and instances are even known where the roots of the teeth themselves, hard as they are, have become expanded and

soft. This spongy state is also found in some instances of diseased vertebræ, without any caries being present, and it is to be seen in the heads of the long bones in certain constitutional diseases, as rheumatism, and especially scrofula. Scarpa believes that the term “*spina ventosa*” was first applied by the Arabian writers solely to this affection, from the supposition that the cells were distended by inflation. The bodies of bones even, though more rarely, are occasionally found to undergo a similar alteration in their density. Exostosis is divided by Scarpa into true and spurious:—the latter is a deposit on the surface of a sound bone, at first soft and fluid, and afterwards acquiring a bony, and even an ivory hardness. The former is merely a morbid growth of the bone itself, similar to that which took place in the experiments on the dogs, before related. After a time, the surface of these swollen portions of bone becomes so condensed and firm, that a new cortical covering is formed. Both of these states of exostosis have been often mistaken for thickenings of the periosteum, and still more frequently a course of mercury has been supposed to have cured exostosis, when, in reality, a node only has been in existence. Absorption of true exostosis will sometimes take place to a considerable extent; and, by a similar process the enlarged heads of scrofulous bones are often brought down again to their natural size. All cases of exostosis vera which our author has seen, have been covered by periosteum, or with a membrane performing the same office.

Exostosis vera is again divided into the benignant and malignant. The first produces no pain or other symptom, and on being removed by the saw or scalpel does not return. The second often attains a very great size, produces severe symptoms, and generally ends badly. Unhealthy suppuration takes place in the centre of the tumour, and cavernous abscesses are formed, containing a fetid ichor, and fistulous openings extend to the adjacent soft parts. There is a specimen in the Museum at Pavia, of exostosis maligna of the ischium, which measures 26 inches in circumference. Where this disease attacks the heads of bones, at a joint, so much pain, fever, emaciation, and other constitutional disturbance are excited, that nothing but amputation, where that is practicable, can save the life of the

patient. Where it attacks the centre of long bones, however, exfoliation sometimes takes place, and the bone underneath recovers. A case is related, where the malignant and benignant exostosis occurred at the same time in the same individual, of which a plate is given. (Plate 6, fig. 1.) Osteo-sarcoma, in Scarpa's opinion, is merely a very aggravated degree of malignant exostosis, the origin, the seat, and the symptoms of the two diseases being the same, except that the symptoms of the former are much more severe; and the tumour becoming softer, and the capillary arteries being more dilated, and carrying red, unhealthy blood, the tumour has the appearance of a red, fleshy fungus; but a probe being pushed through the tumour, the base of it is found firm and of a hardness resembling cartilage. In a representation of a case of this description by Boyer, the fungus portion of the tumour being washed away by maceration, the remainder was found to have the character of exostosis. In conclusion, our author comes to the opinion, in which he is borne out by Heister, that exostosis is of both kinds; spina ventosa, pædarthrocax, and osteo-sarcoma, are all modifications of one and the same disease, beginning by an expansion of the cellular structure of the bones. This *expanding property* of bone may be termed a *vital* one, as may be, also, that property of renewing the phosphate of lime in softened bone, and thus restoring the natural hardness. There is a third vital property, no less remarkable, by which an interior cylinder of dead bone is separated from the sound cortical portion, and becomes detached and movable in the centre of it. This, to him, novel circumstance, induced Ruysch to suppose that the bones in general, the tibia for instance, consisted of two tables and an intermediate diploe, like the bones of the cranium; and that disease of the diploe caused the separation of the two tables from each other. Many modern surgeons, on the other hand, have believed that the bony sheath in which the portion of dead bone is contained, is formed by an ossific secretion from the periosteum, which hardens gradually.

In total necrosis of the shaft of a bone, the periosteum perishes with it, which makes such a theory impossible; and in necrosis of the inner portion, with a bony sheath to contain it, and the peri-

osteum sound over it, the new bony deposit would take place on the external surface, instead of the internal. The fact is, that in these cases the cortical part of the shaft remains healthy, and *therefore* undergoes the *vital* process of expansion so often mentioned; thus, having become more spongy and porous, the vessels passing through it to the interior increase in diameter,* and absorption insulates the dead bone. The internal surface of the bony sheath becomes covered with florid granulations, which pour out a white, glutinous fluid, moistening the cavity. The various fissures seen in the bony sheath in cases of necrosis, are supposed by Weidmann to be for the purpose of draining off this abundant fluid; but it is merely a *dew*, and would never require such large openings as are often seen. Under the above circumstances, the piece of dead bone within the cavity is generally removed artificially, or occasionally by the powers of nature, and then the florid granulations fill up the vacant space, and gradually become perfect bone. The younger the subject, the more rapidly does this regeneration proceed. The vascular granulation is exactly similar to that which takes place on the ends of fractured bones, or on stumps, or in cases of abraded periosteum. Scarpa does not pretend to explain this expansive property of bones, any more than he can various other actions of nature, that are still involved in mystery. It appears, however, that the first process is the softening of the bone, by the absorption of the phosphate of lime; and then, by the removal of the firm and solid matter which confined the arteries, their diameters increase, as they do in phlegmon of soft parts, and expansion is the consequence. The author asks whether the growth of bone does not proceed from the absolute evolution and elongation of the arteries, as is the case apparently in the embryo?

The remainder of the author's observations are upon the formation of callus in fractured bones; and Galen's description of this process still nearly applies to our present state of knowledge. A plastic gluten is poured out from the ends of the fractured bones, which collects into florid, vascular granulations, gradually becoming hard, till at length

* When a bone thus expanded was injected with size and vermilion, there was scarcely a spot which was not of an intensely red colour, which was by no means the case in the bone of the opposite limb, similarly injected, but which was in its natural condition.

the phosphate of lime being deposited, it is perfect bone. Vessels shoot into the callus from each side, and anastomose with each other. Scarpa here exposes the mistakes of those authors who have stated this evolution of blood-vessels to arise without any deposit of interstitial callus, daily experience being against them. Others again have asserted that the callus and bony particles are secreted from the periosteum and the medullary texture of the bones, and not from the cortical part, which they describe as inert. Our author explains, in reply, that the cortical part is not inert—that membranes, such as the periosteum,* never secrete organized, living bone, but only coagulable lymph, which is very different from the plastic gluten of the first stage of callus. In fact, a different set of vessels seem to supply the periosteum and bone itself, for where animals have been fed on madder, the bones are reddened, whilst the periosteum itself is not affected. Again, there is a false membrane of coagulable lymph occasionally secreted from the soft parts about the ends of fractured bones, in cases of false joints, as they are called, and in these bony union is absent, showing that mere lymph from membranes is very different from callus. That the cortical part at the fractured ends of bones expands, and its vessels become enlarged and more numerous, is proved by injection, and by viewing the granulations rising from all the circumference of a bony stump, after amputation; and that a continuity of vessel is formed between these extremities and the new callus, is proved by the red colour produced by feeding upon madder being continued into the callus. It is by this salutary process of nature that badly set fractures become solidified, a sheath of callus, afterwards converted into a spongy, bony mass, surrounding the diverging ends of the bones. In the same way ankylosis takes place in joints, when the intermediate cartilage has been removed by disease, and as perfect a vascular union then takes place between the bones of the two limbs, as between the epiphyses and the shaft of long bones in early life. Scarpa believes that the cases which are on record of supposed restoration of a whole jaw-bone, &c., were merely gra-

nulations rising to fill up the space left by a *desquamation* of the bone; but in long bones, something similar to a restoration of a very considerable length of the removed shaft often occurs. From the two extremities callus shoots out, and if the space between is small, a union of the callus growth takes place; but where several inches intervene, coagulable lymph is poured out from the soft parts in the neighbourhood, and in this way a tolerably firm ligamentous union takes place between the opposite ends of the callus; this coagulable lymph, however, never becomes bony, as real callus does. This assertion is proved by two experiments on dogs; but it may be observed, that four months was the longest time allowed for the completion of the process, and they are, therefore, inconclusive. In the single bones, as the femur and humerus, the retraction of the muscle so shortens the limb, where a large portion of the shaft has been removed, that there is little or none of the ligamentous substance deposited; but in the tibia, radius, jaw-bone, ribs, &c., it has been found frequently, and recorded by authors, as Troja, Larrey, &c.

It having been asserted by some authors that no absorbents had ever been discovered in the bones, and that, consequently, they must absorb by the veins, Scarpa next proceeds to show the fallacy of this opinion, and relates two cases of rachitis, where the earthy matter of some of the bones was removed, and where the lymphatics of the neighbourhood, the absorbent glands, and even the thoracic duct, were found loaded and blocked up with phosphate of lime.

The subject of the preceding commentaries may perhaps possess but little interest amongst the generality of the profession, and may appear unworthy of the great labour evidently bestowed upon it by the author. The work itself is perhaps unnecessarily prolix, and betrays marks of the advanced age to which the venerable Scarpa has arrived. It cannot, however, fail to be valued by all those who remember his earlier works, from which surgeons and anatomists have received so much useful instruction, and which have raised the author to so high a rank in public estimation. There is an additional interest thrown over the present investigations, as well as those made on the ligature of arteries a few years since, by the fact that Scarpa has been for several years afflicted with blindness: this would not

* If Scarpa be correct, what becomes of the objection to bony union ever taking place in fractures of the neck of the thigh-bone within the capsular ligament?

have been at all suspected by his expressions, as he constantly speaks of seeing and reading in the first person. It may be recollected that the ingenious Hüber was also blind at the time that his celebrated observations were made on the economy of bees.

HOSPITAL REPORTS.

HOTEL DIEU, PARIS.

Spasmodic Affection, under the Care of M. Recamier.

COURTILLAC, a servant, 26 years of age, of a strong constitution, and in good health, received a violent blow of the fist in the epigastrium, on the 5th of August in the evening. He immediately was seized with retching, cold shivering, and an universal feeling of indisposition, which obliged him to lie down. About five hours after the accident he wanted to drink a glass of water with sugar, but found deglutition impossible; spasmodic contractions of the muscles of the throat came on, which totally prevented him either from swallowing or articulating a word. The chest was raised and depressed with great rapidity, the patient was seized with a dread of instant suffocation, and which danger was augmented by the perpetual efforts which he made to vomit. This state of suffering lasted till six o'clock the next morning, in spite of general bleeding, pediluvium with mustard, and some remedies prescribed by the physician who was called in. After that, the symptoms became intermittent. The same day he was conveyed to the Hôtel Dieu, when he was bled a second time, and forty leeches were applied to the neck. These attacks came on at intervals of half an hour between each. On the 7th of August nothing but soothing medicines were employed; four paroxysms occurred during that day. The epigastrium was tender upon pressure, and the throat stretched out and somewhat prominent. It is to be observed that, during the intermissions, the patient is able to express himself freely, but any attempt to swallow the smallest quantity of fluid is followed by violent spasms, which obliges him to throw his head forcibly backwards, the face becoming of a livid red, and, after all, the fluid is only taken drop by drop. A fresh bleeding by leeches to the neck was prescribed, and

repeated on the 8th, both in the morning and evening. On the 9th the patient was greatly better, deglutition was easy, and the appetite began to revive; soothing medicines and a light diet were prescribed. From this time the affection became periodical, and returned every morning about five o'clock. On the 12th, at the same hour, the patient was seized with violent shivering and convulsive trembling, which lasted two hours, and were followed by great heat, and afterwards by profuse sweat. This was the developement of a regular quotidian ague, of which the patient was not cured on the 20th of August, when he chose to quit the hospital. The spasmodic affection did not return.

GUY'S HOSPITAL.

Hermaphrodite.

AN individual, ætat. 20, was lately admitted into one of the female wards, who exhibits the following peculiarities. This person has never menstruated, but at the usual periods feels symptoms of constitutional derangement, indicating the natural efforts to perform that function. The clitoris is about the size of the penis of a boy ætat. 12 or 13. Where the urethra is situated in the male there is a portion of skin, as if nature had attempted to form an urethra. The opening to the bladder is at the bottom of this, and in the usual situation of the female urethra. In each labium is a small body like a testis, with a very indistinct epididymis, and a cord, together with a vessel like the vas deferens. The vagina is about an inch and a half in depth, and terminates in a cul de sac. In passing the finger up the rectum, no body like a prostate can be felt, nor any tumour like an uterus distended with retained menstrual fluid. The countenance is feminine; there is no developement of the mammæ, the breast being perfectly flat; the nipple and little areola round it as small as in the male. There is more muscularity shown in the legs, and they have more hair than in the female. The same was observed with regard to the arms. The shoulders are broader also. The pelvis and knees more of the masculine character. The larynx too exhibits the appearance of the male. She states, however, unequivocally, that her passions are decidedly for intercourse with the male.

This young person has been farther

examined by an eminent accoucheur since the above was transmitted to us, and we subjoin an account of his observations.

“The individual either has no uterus, or in place of it a mere vestige of womb not bigger than the first joint of her little finger. The upper part of the vaginal canal is wanting, though it is not improbable that a compact cordy structure supplies its place—a point which, if it be deemed necessary, may be easily ascertained by farther investigation. The bodies in the labia feel decidedly much more like testicles than ovaries. That ovaries exist in the pelvis is almost certain, because there are female desires, and efforts at vicarious menstruation. The perinæum is masculine; the feel of the abdomen partakes little of the feminine character; across the hips she measures twelve inches, and across the shoulders fifteen inches and one-eighth, a somewhat masculine proportion. Both the clitoris and testicles may, I conceive, be safely taken away.”

We understand that no operation is in contemplation, as the sexual character of the female cannot be given to this person, and it is not justifiable to remove the male characteristics that they may add to the curiosities of a Museum, as they do not inconvenience the owner, and the removal would produce exquisite torture, and might be attended with danger.

January 9, 1828.

ST. GEORGE'S HOSPITAL.

Popliteal Aneurism in both Hams.—Occurrence of Secondary Hemorrhage, treated by Mr. Brodie.

IN the absence of any thing very interesting at this hospital during the past week, we subjoin a case which occurred a short time ago, when it excited considerable interest in the hospital, and furnished an opportunity for much misrepresentation out of it; we insert it as involving some practical questions of importance.

S. Ryland, ætat. 53, a carrier, was admitted August 1, 1827, under Mr. Brodie, with aneurism in the left ham, of which he gave the following account. Three years ago, whilst in the act of jumping from his cart, he was suddenly seized with severe pain in the calf of the left leg, which after a time subsided.

About twelve months ago he first noticed a small throbbing tumour, nearly the size of a nut in the ham, previously to which the foot and ankle had become swollen and œdematous. About this time he was greatly harassed in mind and body, the effect of which upon the tumour was very marked, for it increased considerably in size, and has continued gradually to enlarge ever since. Upon his admission there was found in the left ham a tumour which occupied the whole space between the ham-string tendons, appeared on the inside of the knee-joint, above the inner condyle, where the gracilis and sartorius seemed stretched over it, and again on the outside of the joint, where it had doubled over the tendon of the biceps flexor. The pulsation was strong, so much so, indeed, as to be visible at some little distance; but it ceased entirely when the artery was compressed at the groin, or for two or three inches below it. On the outside of the knee, and particularly in the ham, the sac appeared to be near the surface, whilst on the inside it was covered as above mentioned by the muscles. Not the least discolouration, however, or lividity of the skin, was present. The leg was somewhat bent upon the thigh, and its motions a good deal impeded, but there was little or no œdema, nor was the foot colder than the other: pain at times severe. His health was good until he met with the moral affliction alluded to, since which he has been exceedingly nervous, and subject to a sense of sinking at the epigastrium. On his admission he was rather feverish and irritable; tongue white and coated; pulse quick and hard. The other ham was now examined, when a distinct aneurismal tumour could be felt, pulsating with great violence,* and on the right side of the neck the carotid, just as it mounts from beneath the clavicle, was observed beating very forcibly. Under these circumstances he was kept quiet, and twice bled; and, on the 9th, the jerk and frequency of the pulse, with the flushing of the countenance, &c., having greatly subsided, the operation was performed in the usual manner. On tying the ligature, the pulsation in the tumour ceased entirely, and never afterwards

* This serves to show how seldom patients are aware of the existence of aneurism, until their attention is drawn to the tumour by some accidental circumstance. Notwithstanding this was the size of a walnut, and throbbing with very great force, the man was ignorant of its presence.

returned. In the evening the foot became rather cold, and bottles of hot water were applied. Next day he was seized with severe pain in the side, increased on inspiration, which was relieved by the abstraction of eighteen ounces of blood from the arm. The wound did not unite by the first intention, but superficial adhesions formed, which it was necessary to break up with the probe, to give vent to some matter beneath. The granulations which arose were spongy and indolent; there was little appetite, but the pulse was moderate, and the tumour gradually, but steadily, diminished in size. On the 23d (fourteen days after the operation) the ligature separated, but still the wound seemed little disposed to heal, and the thigh around became swollen, requiring the application of a poultice. He appeared to be doing very well till the morning of September 6th, when four ounces of florid blood issued in a stream from the wound. Pressure on the groin commanded the hemorrhage, but in the night there was a threatening of its return, and on the morning of the 8th it took place to a greater extent. The tourniquet was applied, but, on loosening it some time afterwards, an oozing was observed, and Mr. Brodie thought it advisable to tie the artery in the groin, which he did at two P. M., two hours from the occurrence of the bleeding.* The oozing and pulsation in the wound ceased immediately. He went on tolerably well till the 15th, when there was a good deal of fever and irritability, which were relieved by freely evacuating the bowels. Neither of the wounds showed much disposition to heal, and the ligature did not separate before the 29th (twenty-one days after its application.) Nothing of any consequence occurred until the morning of the 11th October, when hemorrhage to the extent of a pint and a half took place from the wound in the groin. He fainted, and the bleeding ceased. By the next day he had rallied considerably; and a spring truss, so contrived that the pad should make constant and pretty considerable pressure upon the wound, was applied to the groin. This checked the bleeding, but he now began to complain of excruciating pain in the leg and foot, on the outside of which, just over the head of the metatarsal bone of the little toe, there was found a small

ulcer, apparently the consequence of pressure. This was defended by means of dressings and a bandage. In the afternoon of the 18th hemorrhage was again threatened, and at four A. M. of the 19th twelve ounces of blood were lost from the groin, and on the morning of the 20th a pint and a half.

From the 20th to the 30th the patient went on very well. No hemorrhage occurred; the pain in the foot was relieved, and he was recovering from the state of depression into which he had been thrown. On the morning of the 30th, however, a slight bleeding occurred, with occasional rigors; and, what is curious, although he was shivering, and complained of excessive cold, the temperature of the skin was up to 103° by the thermometer. He bled at intervals during the night, once distinctly from the lower and original wound; and on removing the pad next morning, a full jet of blood took place from the groin. In the afternoon there was another rigor; and in the night so excruciating was the pain in the foot, and suffering from the pressure of the pad in the groin, that he threatened to tear off truss and dressings. To be brief, the foot now became of a tallowy white colour, and quite numb; and on the 2d of November mortification, or something very analogous to it, had taken place as high as the knee. The foot and leg were mottled over with patches of dull, livid red, but no vesications formed; in fact, the case more resembled dry gangrene than true spænelus. The patient now sunk rapidly, and at eight P. M. expired.

Dissection.—The body was attenuated, but not so much so as one might have expected. The ligature in the groin, it was discovered, had been applied immediately below the giving off of the profunda, and at this point the vessel was fairly destroyed by ulceration. From this, to the site of the original operation in the thigh, both artery and vein were obliterated, and converted into a ligamentous, undistinguishable mass. The aneurismal tumour in the ham was reduced to the size of a small orange; it was solid, and the great vessels passing to and from it were obliterated, or at least filled with coagulum. The tumour in the other ham presented a good sample of incipient aneurism. There was the general thickening of the tunics, with the deposition of yellow, steatomatous matter betwixt them, whilst the

* Mr. Brodie, we believe, found the coats of the vessel diseased.

inner and middle coats had evidently given way, forming an almond-shaped pouch, in which lay a little clot of coagulum. No other disease of any consequence was observable in the arteries.

It might perhaps have deserved consideration, whether, in this case, after the second hemorrhage, the limb ought not to have been amputated; but the patient, whose mind had suffered much from some family misfortunes, was desponding respecting himself from the beginning, was with difficulty persuaded to submit to the application of the second ligature, and positively refused to undergo any other operation afterwards.

[Some notes of this case were published in the *Lancet*, where it was stated as follows:

Lancet—Tumour "remarkably tense and solid."

The fact—It was soft, and could be almost entirely emptied by moderate pressure.

Lancet—"Afforded rather an indistinct pulsation."

The fact—The pulsation was visible at the distance of two or three beds.

Lancet—Integuments "about to ulcerate."

The fact—Not a speck of discolouration had appeared.

Lancet—"Yet with all these pressing circumstances, the man was kept at least a fortnight in the hospital before the artery was tied."

The fact—He was admitted on the 1st, and the operation was performed on the 9th. It was not done sooner, because the patient had much fever, and required repeated bloodletting and purging.

Lancet—"Mr. Brodie attempts to pass a straight probe by main force under, for we cannot call it round, the artery."

The fact—Mr. Brodie uses the eye-probe, expressly because it is more flexible than the common aneurismal needle, and admits of any curve required. The operation was performed without any difficulty.]

ST. THOMAS'S HOSPITAL.

Chronic Abscess of the Breast.

ANN HINT, æt. 20, of a healthy appearance, never subject to scrofula, was admitted into St. Thomas's Hospital on the 26th of December, under the care of Mr. Travers, on account of a swelling in the right breast, which had appeared about ten months previously without any apparent exciting cause. It was then about as large as a hazel nut, and continued gradually increasing without giving any pain or uneasiness, except when pressed upon, up to the time of her admission, when it was about five inches in length and one and a half in diameter, forming a cylindrical tumour, which extended from the upper part of the sternum towards the nipple. It was quite movable; not connected with the mammæ; moderately hard; rather elastic, and did not give any feeling of fluctuation.

Its surface was uneven, and there was no discolouration of the skin, to which, however, it seemed to adhere in some parts when it was drawn to one side. The nature of this tumour being rather obscure, the girl was kept in the hospital for some time in order that it might be ascertained. The tumour did not undergo any particular change, except that its surface became rather smoother, and that it conveyed an indistinct feeling of fluctuation. Under the idea that it contained fluid, Mr. Travers, on the 5th of January, thrust the point of a scalpel into the most prominent part of it near the sternum, and evacuated almost a pint of healthy, inodorous matter, and afterwards enlarged the first incision downwards to the extent of two inches and a half. He introduced his finger, and found that the extent of the cavity corresponded with that of the tumour, and that no induration remained. The wound was lightly dressed, a piece of lint being introduced into the cavity. The discharge was very copious for some days, and the patient was rather feverish and low; the wound, however, soon assumed a favourable aspect, granulating from the bottom, and discharging a healthy pus. The patient is now (January 11th) fast recovering under the use of tonics.

We cannot omit this opportunity of mentioning the advantage which may be derived, in cases of this description, by opening the abscess with a seton, consisting of a few threads of silk, instead of using the knife. By this method we not only give less pain, and avoid producing a scar, which in a part like the female breast is a consideration of some importance, but as the matter is slowly discharged, and not before the surrounding parts are in the state of inflammation necessary to their healing, we save the patient from the debility caused by the sudden evacuation with the knife, and the discharge, which continues for some time, and to a considerable extent afterwards. We are, moreover, in this way able to bring on the process induced by nature in acute abscesses, which if left entirely to themselves will not burst before the adjacent parts are in a state of sufficient inflammation. This advantage, though of little moment on the present occasion, is by no means so in cases where the cavity is of such a size, that the discharge, after opening it with a knife, may endanger the patient's life. In small abscesses a needle

is sufficient for introducing the seton, in larger ones an eye-probe, or a long trocar, will be necessary.

Case of Cancer of the Foot.

George Kimpton, ætat. 20, of a pale complexion and delicate appearance, was admitted into St. Thomas's Hospital, under the care of Mr. Travers, on the 20th of December, on account of a disease of his left foot, which had all the appearance of cancer. It consisted of a hard, irregular, tuberculated swelling, extending over the dorsum of the foot, from the toes to the ancles, and down to the sole on either side. The skin was broken in several places, so that it presented a number of unhealthy sores, which yielded a very fetid discharge. It gave the patient but little pain, but bled repeatedly and profusely. No swelling of the absorbent glands could be discovered, and the patient's general health was pretty good. The disease had first commenced in January last, after a horse had trod upon his foot, which, however, was not seriously injured, for the skin was not broken; no considerable swelling came on at the time, and he was able to go on with his work. The foot, however, remained tender, and gradually began to swell; the skin broke and healed several times under the use of poultices, without diminishing the surrounding induration. There has now been an open sore for about three months.

Though this case was considered as requiring amputation, a trial was made of strapping, which produced so much pain, and swelling of the inguinal glands, that it was soon abandoned. A very copious hemorrhage, to the amount of nearly a quart, took place in the night of January 3d, which weakened the patient considerably. Amputation below the knee was therefore performed on the 5th, by the circular operation.

On examining the foot, by making a perpendicular section, the disease was found to consist of a hard white mass attached to the tarsal and metatarsal bones, and connected with the skin by radiating fibres, so as greatly to resemble scirrhus of the mamma. The bones were much softened, and vascular.

Jan. 12th.—The wound has partly healed by the first intention, and the patient is now as well as can be expected. The swelling of the inguinal glands has considerably diminished.

MIDDLESEX HOSPITAL.

Fracture of the Pelvis successfully treated.

JAMES HIGBEE, 52 years of age, was brought in on the 5th of October, 1827, under the care of Mr. Bell, having fallen a height of eight feet and struck his left hip.

There was very little tumefaction, and upon being placed in bed and an examination being made, some crepitation was felt on rotating the thigh, which was still more distinctly perceived when the two hands were placed on the ilia and then drawn together.

A fracture could be accurately distinguished running through the ischium to the acetabulum, and thence diverging backwards to the sacrum. The treatment consisted in enjoining absolute rest, and applying a belt round the ilia, with the strictest antiphlogistic regimen. The belt was reapplied as often as necessary. No bad symptom occurred in this case; no bloody urine nor difficulty in passing the stools; and on the 20th of November he was sufficiently well to leave his bed and resort to his crutches, by the aid of which he managed to walk. He daily acquired strength, and left the hospital on the 11th December. At the time of his dismissal there was a difficulty of rotating the thigh, probably from some adhesion having taken place in the acetabulum.

Probe impacted in the Urethra.

Last Thursday night when Mr. Bell was going in to lecture, he was asked to look to a man [who had got some foreign body sticking in the urethra. It proved to be a surgeon's probe, bent upon itself at the sharp end, in such a manner as to surprise every one how it could have been introduced. It was more than an inch down the canal, and the sharp point of the instrument was felt projecting, and stretching out the integument of the penis. Mr. Bell got hold of it with a pair of dressing forceps, and brought it forward to the extremity of the penis, when a blunt hook was passed round it. The man encouraged the surgeon to pull, pulling against him, until the penis was elongated surprisingly. But although he permitted the penis to be thus dragged out, he would not suffer the bent part of the probe to be squeezed into a smaller compass, nor would he allow it to be cut down upon. Mr. B. was, at last, obliged to introduce the point of a pair

of strong scissors into the orifice of the urethra, while he pulled the probe out with the hook as far as he could, and he thus cut it, so that it could be bent more closely together, after which it came out easily. The probe appeared to have been bent, so that one limb was about three quarters of an inch apart from the other.

The patient stated that he was in the habit of passing a surgeon's probe through a stricture to relieve himself, when he had difficulty of passing his urine. He had introduced the probe, and then went to his work: it was while passing in the street near this hospital, that he accidentally found it had slipped into the canal. How the probe, bent into the form in which it was found, got into the urethra, is rather puzzling. Mr. Bell remarked to the pupils the great capaciousness of the urethra, which allowed this bent probe to lie in it, and to be drawn along it; the orifice, however, would not yield, owing to the manner in which the glans surrounds the urethra. He has known a man in the fields thrust a straw into his urethra, and another a piece of common wire, not under the impulse of curiosity, but with the view of removing an insufferable morbid irritation that attends stricture, disturbing the sympathy of the muscles of the perinæum, and interrupting the discharge of urine. He also mentioned that he had lately been called to a private patient to draw out the broken piece of an old gum catheter from a stricture at the bulb of the urethra: and he accomplished it with a pair of long narrow forceps, which were introduced as far down as to the bulb.

ST. BARTHOLOMEW'S HOSPITAL.

Obstinate Case of Sciatica cured by the Application of Moxa.

JAMES ARNOTT, æt. 32, was admitted September 18th, under the care of Mr. Earle. The disease first made its appearance about two years ago; he was then travelling on the continent in the capacity of courier. At the commencement of the complaint he suffered very acute pain in the left lumbar region, which subsequently shifted to the thigh and leg. He has tried various remedies, has been repeatedly cupped, leeches, and blistered, without obtaining the slightest benefit; various kinds of hot and cold bathing, with the internal use of mineral

waters, have also been tried with no better success. While abroad, he underwent the operation of acupuncture; nine needles of different lengths were introduced along the course of the sciatic nerve, and allowed to remain in for the space of two hours. He thinks he derived some relief from the first introduction, but this operation gave him so much pain, that he would not consent to have then introduced more than three times. For the last fourteen months his sufferings have been exceedingly great; the pain is so acute towards night, that it totally deprives him of rest: he has latterly been in the habit of taking large doses of laudanum, which affords him but temporary relief. His general health is much disturbed, and his countenance bears the strongest marks of long suffering: for the last month he has been obliged to confine himself to the horizontal posture, the exercise of the limb causing him a paroxysm of pain. Upon requesting him to point out the exact seat of pain, he placed his hand over the situation of the great sacro-sciatic notch, and stated that it proceeded from thence along the posterior side of the thigh into the calf of the leg, and upon pressing in the course of the nerve, he could scarcely bear it to be touched: the muscles of the thigh and leg are exceedingly flabby and emaciated. Mr. Earle suggested the employment of alterative doses of blue pill, with the view of correcting the alvine secretions, which were of a very dark colour, and the exhibition of large doses of alkali; having seen many cases of neuralgia greatly relieved by this treatment, more particularly when the disorder was connected with an acidity of the stomach and bowels. In this case, the patient repeatedly suffered from heartburn.

Sept. 25th.—He has found decided relief from this treatment: his complaint has assumed a more chronic form. Pergat.

Oct. 10th.—There is not the least improvement since the last report. It was now determined to try the effect of acupuncture, as he appeared to have derived some benefit from it at a former period. Four needles, from two to three inches in length, were accordingly introduced along the course of the nerve: they were introduced for three successive days, and allowed to remain in for the space of three hours each time. After their first introduction, there was

a cessation of pain for four and twenty hours: this relief was not of long duration, for it again returned on the second day. Mr. E. ordered him to be put upon a course of the subcarbonate of iron: he was ordered to take \mathfrak{ij} every four hours; the dose was gradually increased to \mathfrak{zss} . Oct. 30th this medicine was discontinued, from its affecting his stomach. Within the last week the symptoms have become more acute, he has severe darting pains in the lumbar spine, extending along the muscles of the back.

As the disease did not seem to yield to the active remedies which had been employed, Mr. Earle proposed the application of a dozen moderate size moxas along the thigh, to which the patient readily consented: their application was followed by almost immediate relief. Upon visiting him in the morning, he asserted that he had not passed so comfortable a night for many months: the pain along the thigh and calf of the leg had entirely left him. The thigh was ordered to be poulticed, so as to assist the detachment of the sloughs: the moxas to be kept open with the cerat. Sabinæ.

Nov. 18th.—Ever since the application of the moxas he has been entirely free from pain: he sleeps well, and his general health is fast improving.

Nov. 27th.—He complained of a fixed pain over the lower part of the lumbar spine, for which he was ordered C. C. ad \mathfrak{zxxvj} . Postea applic. Emp. Saponis \mathfrak{c} . Belladonnæ.

This relieved him for a few days. Dec. 8th moxas were applied to the part, which was followed, as in the former instance, by immediate relief. On the 1st Jan. he was so far recovered as to be made an out-patient. During the last week he has been seen, when he stated that he felt so well, that he was soon going to resume his old situation.

WESTMINSTER HOSPITAL.

Case of Chorea.

SARAH DAGMOND, aged five years and two months, was admitted with the common symptoms of chorea. The mother states that the child was alarmed by a dog suddenly passing her. Convulsions immediately followed. A cathartic powder was prescribed by a surgeon, which acted freely upon the bowels. The convulsions continued until the next

day, and after their cessation she had violent fits of screaming, which lasted for half an hour. She now lost the use of her limbs, and was incapable of speaking. Her hands and feet continued in constant motion. She was placed under the care of Mr. Guthrie as an out-patient, who ordered for her

Hydrarg. Submur. gr. iv. omni nocte et Magnes. Sulph. \mathfrak{zij} . Mannæ \mathfrak{zj} . Inf. Sennæ, \mathfrak{zj} . omni mane.

The mouth became sore in three days, and the calomel was omitted. The irregular motions of the extremities still continued. She now took the following draught every morning:

R. Ol. Terebinth. \mathfrak{zij} . Aq. Menth. pip. \mathfrak{zss} . ft. Haust.

On the 27th, three days after having taken the terebinthinate draught, she uttered the word "mamma" once. The medicine purges her violently, and she appears faint after taking it.

29th.—She speaks but seldom, and always in a whisper. No sleep during the night; appetite good; pulse natural; pupil of the eye dilated.

31st.—Taken into the hospital. She now answers questions, but still in an almost inaudible whisper. Complains of much pain in the back of the head.

Nov. 2d.—To take instead of the draught

Hydrarg. Subm. gr. ij. P. Julap. gr. xij. omni mane.

Six leeches were applied to the first and second cervical vertebræ, and repeated on the 4th.

5th.—Much better. Less motion in the hands. Leeches repeated.

10th.—Much better. Repeat the leeches.

12th.—Involuntary motion of the extremities lessened. Still speaks in a whisper.

14th.—Cannot yet stand. Leeches to be repeated.

Until the 26th there was but little alteration. She could then walk across the room. Voice improved. \mathfrak{i}

R. Ferri. Carb. gr. xv. ter die sumend.

From this time the amendment was progressive, and on the 29th of Dec. she was discharged perfectly cured.

Case of Varicose Veins. A Portion of the Vein removed.

Mary Seacole, æt. 25, was admitted Nov. 17, with a varicose ulcer of the left leg. It appeared about two months

ago. She has been obliged to stand a great deal. The veins of the leg are much enlarged. Discharge from the ulcer very offensive. A bandage was applied, and the ulcer dressed with the red precipitate ointment. The ulcer continued improving, and on the

24th Mr. Guthrie made an incision on the vena saphena major, about two inches below the knee. The vein being exposed, the upper portion was pulled down, a probe pointed bistoury was placed under it, and the vein was divided at one incision. The lower portion of the vein was then drawn up and divided in a similar manner. It was then allowed to bleed to six ounces. A compress was placed on the upper and lower portion of the vein, and a bandage applied over all.

26th.—Pain in the leg in which the vein had been divided. Twenty leeches were applied to the part in pain, and a purgative administered.

29th.—Much pain in the leg about two inches below the incision. Twenty leeches were immediately applied.

30th.—Pain relieved by the leeches, but as it returned they were again applied, and afterwards a poultice. A purgative and saline medicines were also prescribed.

Dec 1st.—Leg quite easy. The wound dressed with adhesive plaster. It is presumed that the wound in the vein has healed.

2d.—The pain in the leg having returned, thirty leeches were applied with much benefit. She has passed a bad night, and an abscess appears to have formed in the leg.

3d.—Mr. Guthrie made an incision two inches in length on the inside of the leg, and about two ounces of matter was discharged with much relief to the patient.

5th.—A second opening was made below the former, of the same extent, and some bloody matter was evacuated.

8th.—A fresh collection of matter was discharged by another incision made below the last.

11th.—The wounds to be dressed with simple dressing, and a bandage to be firmly applied. She was now ordered to take one grain of the sulphate of quinine in the *inf. rosæ* three times a day.

Jan. 14th.—From this time the patient continued improving, and she is now nearly well.

PROCEEDINGS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

January 14.

DR. HASLAM IN THE CHAIR.

MR. WRAY laid before the Society several specimens of inflamed viscera, and commenced a discussion which turned chiefly upon the frequent existence of disease in the substance of important organs without pain, or other symptoms indicative of such a morbid effect; a circumstance remarkably contrasted with the fact of great pain and excitement accompanying inflammation of serous membranes, in the brain, heart, liver, &c. Mr. Wray spoke in high terms of the assistance derived from the stethoscope in diagnosis.

Dr. Burne, in speaking of the traces of inflammation in the arachnoid membrane, and other serous tissues, considered that thickening was the most certain mark of the inflammatory process; effusion and opacity of coats, he thought much less to be relied on.

Mr. Searle, whose paper on the Physiology of Parturition was read at the last meeting of the Society, was called upon to recapitulate the opinions he had advanced on the expulsion of the fœtus and placenta. Mr. S. had maintained that the uterus, although possessing tonicity, which enabled it to contract powerfully on its contents, yet it assisted in a very inconsiderable degree only in the expulsion of them, that effect being brought about by the action of the respiratory muscles.

In these opinions Mr. Searle was opposed by Mr. Dermott and several other gentlemen, who advocated the common notion of the powerful muscular agency of the uterus in the business of parturition.

Mr. Kingdon said that the respiratory muscles were insufficient to extrude the contents of the uterus, or to contribute in any degree towards that effect, unless there was a simultaneous action of the uterus itself.

Mr. Lambert quoted a passage from Blumenbach, to show that Mr. S. had misapprehended that writer; it being stated by Blumenbach that the uterus was active, not passive, during labour.

Mr. Tyrrell remarked that the muscular structure of the uterus could not be shown in the unimpregnated state of

the organ; the fibres were not seen traversing in any defined manner, but, as Mr. Searle had said, running in all directions.

WESTMINSTER MEDICAL SOCIETY.

January 12.

MR. ARNOTT IN THE CHAIR.

THIS evening the debate upon the subject of AUSCULTATION was resumed. Both parties, auscultators and anti-auscultators, mustered all their forces. Mr. Mackelcan opened the discussion, by briefly recapitulating the paper which he had read on the preceding evening. After some general observations in defence of the stethoscope, and on the inconsistency of rejecting the sense of hearing, when we call in the others to our aid, Mr. M. detailed several cases which had occurred under Dr. Latham, at St. Bartholomew's Hospital, strongly corroborative, in his opinion, of the value of the instrument. One woman was admitted to *die*, with phthisis pulmonalis. By stethoscopy and a review of the symptoms, it was discovered that the excavations in the lung were not tubercular, but the result of common inflammation. She was put under treatment, and recovered. Another patient was admitted for disease of the lung. The stethoscope showed none, and it turned out to be an affection of the liver. Other cases were related, but these we need not particularize.

Mr. Mackelcan was followed by Dr. Milligan, who argued strongly in favour of auscultation. And then came Mr. Hunt, on the other side of the question, who concluded his observations by stating that, in his opinion, the stethoscope was "a bauble, a thing, which would exist for a little time, die, and be forgotten."

Dr. Barry then rose, and in replying to some observations of Dr. Thompson's and Dr. Gregory's on the preceding evening, took a very comprehensive view of the origin of auscultation, or the application of "AUDITION" to the detection of disease. We cannot pretend, in the short space allotted us, to do justice to Dr. Barry's speech; but we will say that it was allowed, on all sides, to be shrewd and ingenious in the highest degree. Dr. Barry concluded by detailing two cases, attended by exceedingly well-informed men, in which the stethoscope showed material errors of diagnosis.

Dr. Stewart spoke in favour of the instrument, as coming not from a charlatan, but from a "scientific, ingenious, and practical man." Dr. Gregory had stated that wrong diagnosis might be made with the stethoscope. Dr. Stewart showed that the same might also happen without it; in proof of which he said that Dr. Gregory, of Edinburgh, had told him, twelve years ago, that he (Dr. S.) would not be alive in three months.

Dr. Gregory thought the stethoscope an useless instrument, and so far from saving patients, the bills of mortality show 300 more deaths by phthisis this year than the last. In Edinburgh, where it was much cultivated, Dr. G. has heard that it is falling into decay.

Dr. Somerville mentioned a case at St. George's, in which it had detected an iliac aneurism, when there was much doubt upon the subject.

Dr. Johnson stated that a man was admitted into an institution for asthma; he was put upon beefsteaks and porter, and he got worse: he was treated at another institution for phthisis, and still got no better. Dr. J. was now called to see him; stripped his chest, applied his ear to the side, and discovered an aneurism of the heart. In reply to the argument founded on the bills of mortality, Dr. J. noticed what had occurred at Glasgow. In proportion as fewer died of small-pox, since the discovery of vaccination, more died of other diseases, so as nearly to trim the balance. Is vaccination, therefore, an evil?

Dr. Thompson, after explaining the case he had brought forward, declared that the stethoscope was a most "invaluable instrument," but he deprecated its being used to the exclusion of the other means of diagnosis, when it would prove a curse instead of a blessing. In this sentiment all seemed to agree.

At the close of the evening a warm discussion arose on the means of detecting, and the possibility of removing, "hepatization" of the lungs, but nothing conclusive resulted.

EXTRACTS FROM JOURNALS,

Foreign and Domestic.

MUMMIES.

At the sitting of the Royal Academy of Medicine, on the 10th of November, M. M. Boudet, Boutror, Charlard, and Bonastie read a report upon "the

chemical examination of several substances taken from an Egyptian mummy, and sent to the Academy of Medicine." The matters to be examined were, first, a portion of muscular flesh upon which a particular crystalline substance was deposited; secondly, a compound powder used in embalming; thirdly, the crystalline matter itself. One of the reporters, M. Bonastie, commences these inquiries by some reflections on the embalming of the ancients, from the accounts of Herodotus, Diodorus of Sicily, &c., as well as from those researches undertaken by modern savans and chemists upon mummies. The art of employing the resin of cedar, myrrh, cinnamon, and other perfumes, or the process of pickling the body by keeping it covered during seventy days with natron, then enveloping it entirely with bandages of cotton cloth gummed, is briefly related, as well as the other methods of embalming used for persons in humbler circumstances, either with the liquor called cedrin, or with that called sarmaia, used only for the poor. The reporters, without deciding what these liquids were, are of opinion that the commi or gomme, used to stiffen the linen bandages, was nothing but gum arabic, because a sackful of this substance was found in the Mnemonium of Thebes, belonging to a female mummy, and brought away by M. Rouyer. As to the cedrin, they think that this was a resinous liquid extracted by distillation from the wood of the cedar, according to the testimony of Pliny. It results from these inquiries that the processes of embalming were very various, and that alkalis were employed to dissolve the intestines: heat was equally used to assist the bituminous and resinous substances in penetrating the different tissues of the body, for the more expensive mummies. As to the others merely salted and dried, many ran into that condition of fatty substance called adipocire. Those mummies called *white*, were solely made by drying the bodies in sand or coal. The dry sands of Lybia present some examples of bodies reduced by this method to a quarter of their weight. The reporters then examine other researches into the art of embalming. The mummy examined by Dr. Granville was, according to these gentlemen, formed by a very simple process; and so far from the epidermis not being found to exist, as

asserted by him, they observe that it is the part of all others that is extremely well preserved. In their chemical examination the reporters have found, first, that the muscular flesh had preserved a strong odour, a brown or smoked colour, with distinct layers of muscular fibres, in the interstices of which there was found a crystalline, shining white substance. Secondly, that the brown powdery matter contained in the mouth of the mummy was composed of different substances, which were capable of being separated. One of these substances appeared analogous to storax. M. Caillaud, of Nantes, a distinguished traveller, says, that he has found in mummies cuttings of wood of a similar kind, both balsamic and astringent. A second substance was resinous, and resembled the resin of coniferous trees, probably of the cedar. A third matter was recognised to be myrrh; the fourth material in the mixture presented all the exterior characters of the nutmeg, and, according to trials with reagents made by M. Bonastie, proved to be so. The reporters then pass to the consideration of the crystalline matter formed upon the muscles, and they demonstrate it to be the true margaric acid, brilliant, shining, of a snowy whiteness, and forming a soap with the caustic alkalis. The proportions in which the reporters met with the gummy, resinous, and gum-resinous substances employed in the powder for embalming mummies were as follows:—Resinous substances 24 parts; fatty matter, 8; gummy matter, 16; woody matter, 8; saline residue, 4. To recapitulate, the substances afforded by this powder were first a resin entirely soluble in alcohol, which may be considered as a turpentine having undergone the action of the fire; 2dly, a gum resin possessing the properties of myrrh; 3dly, *cinnamomum*, which different authors explain to be the produce of the *laurus cassia*, but which the reporters believe to be nutmeg; 4thly, chloruret of sodium and lime; 5thly, margaric acid, arising from the animal substance of the mummy. This report produced many remarks. It was observed that muriate of soda might probably be found in mummies. M. Caventore said that he distinguished the odour of iodine; and M. Serullas was joined in commission with the former reporters to ascertain this fact, he being so much accustomed to make experiments on this

substance. The presence of the nitrates mentioned in Dr. Granville's mummy, was attributed by M. Virrey to a spontaneous nitrification.

SUSCEPTIBILITY OF SERPENTS TO MUSIC.

PROFESSOR Metaxà, in his work *Mono-grafia de' Serpenti di Roma*, &c. relates the following experiment made by him with the view of ascertaining the susceptibility of serpents to music. During the heat of noon-day he put into a large box several individuals of the nine species of coluber, which are found in the vicinity of Rome, and into another box the different species of vipers. The clear, harmonious sounds of an organ produced a general commotion amongst the non-venomous species of coluber, who moved about in different directions in the box, and crawled up on its sides. The Coluber Elaphis occasionally stopped, and then moved slowly in the direction of the instrument; the Coluber Æsculapii (of Shaw) stood with one half of its body raised upright, whilst the Coluber Atrovivens alone continued in a state of constant restlessness, and in motion; the other species of coluber, with the vipers, remained unaffected by the music. These experiments were repeated several times, and invariably with the same results. Professor Metaxà, therefore, concludes that it may be inferred that the Coluber Elaphi and the Coluber Æsculapii (of Shaw) might be tamed by music; that others, as the Coluber Atrovivens, are irritated or excited thereby; and lastly, that vipers are unsusceptible of its influence.

VACCINATION IN TURKEY.

DR. AUBAN, a French physician, settled at Constantinople for upwards of thirty years past, gives the following account of the vaccination of three of the sultan's children at Constantinople:—On the 14th of May, 1827, one of the physicians of the sultan's seraglio begged of me to go to his apartments. He told me that he had received a message from the Echim Bachi, directing him to request of me to hold myself in readiness to go to vaccinate the children of the sultan, to have the vaccine matter always about me, and not to remove any distance from Pera. I remarked to him that intrigues would cause some other person to be chosen to perform that operation. He replied

to me, "There are no longer any intrigues that can cause the order of the sultan himself to be altered, who has pointed out you on account of your age, your nation, and your name." On the 16th, in the morning, an order for me to go to the palace with one of the physicians, who would act as interpreter, was transmitted to me. About nine o'clock we were shown into a chamber allotted to the Echim Bachi, who made no delay in coming. He caused the Kislär Aga (the chief of the black eunuchs) to be sent for, and immediately we three were introduced. At the first chamber where we stopped, we found a young sultan, seven or eight months old, who was vaccinated forthwith. A few months afterwards his elder sister, about a year and a half old, appeared; she was also vaccinated; and then was brought in a still younger princess, who was submitted to the same operation: and all this took place without the smallest difficulty or ceremony. In two other apartments, two young ladies were also vaccinated.—*Med. and Phys. Journal.*

FATAL CASE OF THYROIDAL HERNIA.

HERNIA of the foramen ovale is of rare occurrence, we therefore give the following history and dissection:—A widow, 75 years of age, after having one day stayed long in church, was attacked on her return home with all the symptoms of violent enteritis. The most active antiphlogistic treatment was adopted, but the pain did not abate, nor were the bowels relieved. On the fifth day stercoraceous vomiting took place, neither the inguinal nor femoral regions presenting any appearance of swelling or of pain. It was only a day or two before her death (on the fourteenth day from the commencement of the attack) that she complained of pain at the upper and inner part of the thigh, beginning at the groin, and extending downward, but no swelling nor sign of hernia could be felt here; evacuations from the bowels were at length obtained; on the ninth day the symptoms abated, but the patient sunk, and died on the fourteenth from the attack.

Dissection.—On opening the cavity of the abdomen a knuckle of small intestine was found adherent to the foramen ovale; the small aperture which serves for the transmission of the obturator vessels and nerves was found dilated to an opening the size of an inch in dia-

meter; through this passed the hernial sac, which expanding extended six inches in length downward beneath the pectinalis muscle and the long and short heads of the triceps, the latter head being much thinned. Within the sac lay a portion of the diameter of the small intestine, adherent internally to the foramen ovale. This portion consisted of the parietes of one side of the gut passing through the aperture into the sac, and dilated into a DIVERTICULUM, measuring four inches and a half in length, by one inch and a half in breadth, the parietes being as thin as the finest writing paper, whilst the opposite parietes of the gut remaining within the abdomen were thickened as much as a quarter of an inch. The canal of the bowel at this part, that is, the communication between the stomachic and vental portions opposite the diverticulum, was reduced to a size only capable of admitting a large bougie. The obturator artery arose from the epigastric and ran first on the inner side of the neck of the sac, and downward lay anterior to it. The sac itself was adherent to the muscles.*

HYDRO-SULPHURIC ACID AN ANTIDOTE TO LEAD.

At a recent sitting of the Royal Academy of Medicine, M. M. Chevalier and Dr. Boyer acquainted the Academy with the efficacy of the hydro-sulphuric acid and the hydro-sulphates in neutralizing the ill effects of the carbonate of lead, in those workmen who make or employ ceruse. The hydro-sulphuretted waters used as a drink, relieve the cholic arising from lead, and the same benefit followed the use of weak solutions of sulphuret of potass.—*Journal de Phar. Dec.*

SPECIMENS OF WIT.

In the "invaluable" of last Saturday will be found some specimens of wit in the Editor's best style; and as gems are sometimes found in the most barren soil, and reward the labourer for many a day of fruitless search, so these brilliant points in the *Lancet* have a redeeming quality, and enlighten the dull monotony of its pages. Wit is "a thing much talked of, not to be defined;" and we feel that it would not be doing justice to the fine irony and delicate

point of these exquisite morceaux, if we did not give them in the *ipsissimis verbis* of our facetious contemporary. The first runs thus:

"A friend of ours was sitting lately in Callow and Wilson's Reading Room, when that facetious wight, Joe Burns, entered, and took up the first weekly excrescence of MACLEOD'S YELLOW FUNGUS. He had just raised it to reading distance, when he suddenly removed it from the neighbourhood of his olfactory organ, with a gesture and expression of face indicating strong disgust. Joe was asked what he had got there? 'A Bat's * * * *' was the short reply; affording an unexpected confirmation of the naturalist's remark on the bat-kind; 'alvi dejectiones in hoc genere foetore horribili imbutæ sunt.'"

Happy as this is and free from coarseness, perhaps it yields in wit to the following.

VERY IMPORTANT INTELLIGENCE.

"Mr. Brodie, the eminent surgeon, when opening the body of the late Earl of Pembroke, cut his finger with one of the instruments he used on that occasion, and was so ill for several days afterwards, as to be incapable of attending his patients."—*Morning Post.*

"On Monday morning last, at nine o'clock precisely, a cat sneezed at the door of No. 14, Saville Row."

BOOKS RECEIVED FOR REVIEW.

Mr. Litchfield's Oration introductory to the Study of the Healing Art.

Mr. Wright's Memoir entitled "The Water Question."

Sir A. Halliday on Lunatics and Lunatic Asylums.

LITERARY ANNOUNCEMENTS.

In the press and nearly ready for publication, in 1 vol. 8vo., A Practical and Pathological Inquiry into the Sources and Effects of Derangement of the Digestive Organs, embracing some Affections of the Mind, as well as Diseases of the Body. By Wm. Cooke, Member of the Royal College of Surgeons, Secretary to the Hunterian Society, Editor of an Abridgement of Morgagni, &c. &c.

NOTICES.

Communications have been received from "A Lover of Truth," "A very Old Man," "Mr. Hammond," "A. B.," "Mr. Smith," "Mr. C.," "Candidus," "J. P.," "F.," "Mr. Dewhurst," "A Prosy Friend," and "Scotch Economy."

* Ueber den Bruch durch das Huftbeinloch nebst einem seltenen Falle Nieruber von Dr. J. Gadermann, Prosector, &c. zu Landshut. Landshut, 1823. 8vo.

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[Vol. I.]

OBSERVATIONS

[ON THE

QUESTION OF AMPUTATION.

BY CHARLES BELL.

Taken from his Clinical Lectures.

COMPOUND FRACTURE OF THE LEG.

CASE I. *William Bransgrove*, æt. 50, was admitted on the 1st September.—Whilst carrying a heavy box his foot slipped and he fell; the box tumbled upon him and broke his leg. On his admission there was a compound fracture of the tibia, about a hand's breadth below its tubercle; the bone protruded through the wound in the integuments. A portion was sawn off, and the bone was then reduced and the leg placed in junks.

On the 9th he was seized with erysipelas, which extended from the wound in the leg up the thigh, and was attended with much fever. On the 19th his condition was improved; the erysipelas was gone; the discharge from the wound was healthy; his appetite good; and he slept well at night.

October 6th.—Since the last report he has become much reduced in his strength. Abscesses have formed along the tibia: counteropenings were made on the inside and outside of the bone, about five inches from the wound; the matter which escapes from these is offensive; the granulations are pale and flabby; the surfaces of the bone grate against each other; a gangrenous spot, surrounded with redness, has appeared upon the integuments over the sacrum.

October 29th.—He is very much reduced. For some days he has lost all appetite for food; he wastes in

his flesh; has profuse perspirations; his bowels are relaxed, and sometimes he has griping pain in them. The discharge from the three openings amounts to nearly a pint daily. The whole limb, from the toes to the groin, is œdematous. To-day a consultation was held, to discuss the propriety of amputating the limb.

Let us consider, Gentlemen, the question of amputation, first, in this case of bad compound fracture. The appearance of the limb and the man's condition altogether are very nearly that of a case of gun-shot fracture of the leg. There is the same difficulty of deciding on the propriety of amputation in the first instance. If a man's tibia has been shattered with case-shot, or grape-shot, just as when a heavy weight has fallen upon the leg and broken the bones, the surgeon, when he first sees the patient, may say, in his hesitation, I shall wait till the period of suppuration comes on. Now if I describe to you the condition of the patient when that period arrives, you will know that I am correct from what you now witness in the case of Bransgrove. No doubt the time is favourable to an operation when there is a bland purulent discharge from the wound; and if we could assure ourselves of such a condition of the wounded surface after a few days delay, it would indeed be our duty to wait. But after such an injury as we are now contemplating, the reaction and inflammation are not in the wound alone, but in the whole limb; indeed, in the whole system. The swelling is from the toe to the groin; the limb is large and heavy, with œdema; and before this subsides there is suppuration, not in the wound alone, but in

many parts of the limb: wherever there are large beds of cellular texture. Thus in a gun-shot wound of the ankle-joint, shattering the lower part of the tibia, I have found abscesses under the gastrocnemius, and in the cavity of the ham. And as for the swelling of the limb, say at the period of the third week, it is as you may see in this instance, the cellular texture is gorged with the exuded serum, the limb lies round and shapeless like a pillow, and if amputation be performed, the tourniquet does not act upon the artery. Suppose you have drawn the tourniquet tight, and that but a minute or two elapse before you make your incision, you will find, in the midst of your operation, that the tourniquet is of no use. The reason you perceive to be, that the fluid exuded into the cellular texture flows from cell to cell, and leaves the tourniquet loose. If, to avoid this effect, you screw up the tourniquet repeatedly, you do injury to the limb.

But although we may contrive to secure the artery and to make the amputation so far safe, yet, I fear, no precaution can secure the patient against the dangerous consequences of this condition of the cellular membrane. The stump becomes bad: during the first dressing there is not even partial adhesion, and an unhealthy condition of the stump is presented on the first view of it.

Such then is the condition of the patient at that period for which it has been proposed the surgeon should wait, expecting a mild discharge and more favourable condition of the limb. The present case must confirm this statement, and make it a matter of conviction in your own minds.

[In the instance under Mr. Bell's observation what he describes occurred; for amputation being determined upon, and the tourniquet applied in the usual way, the artery was found free, and threw out a jet of blood when it was cut across.

When the stump was dressed, after the amputation, the flaps were loose and flabby, and had a pale, watery appearance, instead of a healthy, florid colour. A considerable quantity of serum continued to ooze through the dressings.

For a few days after the operation the patient appeared improving in his condition. He complained of no pain, except in the ulcer formed upon his sacrum. On November 4th, six days after the operation, he seemed going on favour-

ably, and his spirits were good. On the 5th the stump was dressed; the flaps were shrunk in and pendulous: near the bone there was a part which seemed gangrenous. On the 10th every thing was in a worse condition; the edges of the integuments were coiled in, and dark coloured: there was retraction of the stump, and gangrene of the surface, exposing the end of the bone for about an inch. He had for some days a poultice made with beer-grounds applied to the open stump. He sunk and died on the 12th.]

WOUND OF THE ELBOW-JOINT.

CASE II. At two o'clock in the morning, on the 3d of January, I was sent for to the hospital to see an old man, (aged 72,) who, by his own account, had received several wounds of the arm by a piece of earthenware thrown at him. This account did not appear to me to be true, and I put this construction upon it, that the poor man had been wounded by some one of his own family whom he was desirous of saving from punishment. There was a gash on the left arm, which cut across the origins of the extensor muscles and penetrated to the joint, so that we could see the rotation of the cartilaginous head of the radius. There were two other wounds in the fore-arm, one of which bled profusely. I put my finger into this wound, and found that it did not take its course to the place of the radial artery, and it was concluded therefore that moderate compression would save him from farther bleeding: the other wound was superficial. In these circumstances, although the fore-arm was thus much hacked and the joint exposed, I gave my opinion against amputation. In giving this opinion I knew the risk to which the patient was exposed—the danger of erysipelatous inflammation, that the wound of the joint might not adhere, and that therefore there was danger of high and protracted inflammation and suppuration of the arm. All this might, probably, take place in an old and frail man, and his strength might sink under it. But we must hold by certain general principles. If that man's arm had been cut off, and you, on examining it, had found only one cut of any consequence, and that because it penetrated into the elbow-joint, I should have been unable to satisfy you that my decision was right; for it is not the rule of practice to amputate because the elbow-joint is exposed.

However, thus it is that our profession is continually presenting to us occasions where we must feel that the chances of life depend upon our judgment. At no time will you feel this more oppressive than when you have to decide upon the question of amputation in cases of compound fracture and wounded joints. For in these cases, to the uninformed, there is nothing apparent to make the loss of the limb necessary; and yet your experience enables you to foresee that in a few days the whole circumstances will be changed, and both patient and friends will petition you to operate, when you dare not. There is no scene of your future life in which you will find it more difficult to act your part, than where your knowledge is thus at variance with the feelings and prejudices of a family.

[During the 1st, and until the evening of the following day, this man continued easy. His bowels were well opened; his tongue was moist and clean. He took Hydrarg. Submur. gr. v. with antimon. tartariz. gr. $\frac{1}{4}$ at night; and the saline draught with tartarized antimony during the day. On the evening of the 4th the arm was swollen and painful; thirty leeches were applied to it, and afterwards pounded ice. 5th. The arm tense and hot; twenty-four more leeches applied; the dressings were removed; a copious discharge of synovial fluid was observed to come from the joint: the poppy fomentation to be applied. Tongue brown and dry; pulse small and rapid. 6th. He was easier. 8th. A large poultice has been kept around the elbow. In a few days the wounds of the arm began to discharge. On the 16th the skin was undermined in the spaces between the different incisions, and pus flowed freely. The man's strength was yielding rapidly; wine was ordered to be added to his arrow root. 19th. He continued to sink, and died last night.]

CASE III. (The next occasion on which Mr. Bell touched upon this subject was after the case of John Fickling was read from the hospital book. It has been given among the Hospital Reports in our fourth Number.)

We have here a case of extreme urgency, one which, I am sure, will excite your liveliest interest; and it is my duty to direct that interest so that you may have an accurate conception of the difficulty of decision in some cases of fracture. A young soldier, a powerful,

muscular man, reeling out of a pot-house in a state of inebriation, fell under the wheel of a heavy waggon loaded with grain. The thigh-bone was broken, and the leg crushed, presenting the very circumstances which I have formerly alluded to; the parts injured beyond recovery, and yet, to appearance, when the leg was laid out, there was nothing to mark the necessity of immediate amputation. When we put our hand upon this man's limb, and found the crushed portions of bone contained in a bag of blood, although there was nothing to the eye declaring the man's desperate condition, yet, to the experienced *hand* of the surgeon, it was at once obvious that bones, muscles, nerves, and arteries were crushed, and that gangrene must take place if the limb were left. For now, Gentlemen, you must observe on what our decision depends in these cases of compound fracture. A man is thrown from the top of a coach, or leaps from his gig, and he suffers a compound fracture of the leg; the bone sticks through the skin, the limb is twisted, and the whole appearance would, to a hasty observation, imply the necessity of immediate amputation: but the surgeon extends the limb, reduces the bone, lays it carefully out upon a pillow, prevents the rising inflammation by cold lotions or iced water,—and what is then the amount of the injury? There is a slight wound of the integuments, and the bone is broken, but the artery, the veins, nerves, cellular membrane are left without injury. Contrast with this a case which, to the eye, appears the same. This patient has fallen and fractured his leg like the other: but the wheel has passed over the limb; it has crushed the integument against the bone; the bone has yielded, and the cellular membrane, blood-vessels, nerves, and muscles are crushed, and extravasated blood is contained among all these parts, as in a bag; yet, to the eye, it is the same. Unless you joined the history with the evidence before you, you would imagine it to be a similar case; and would not, perhaps, be undeceived, until vesications rising upon the brown coloured skin ushered in gangrene of the limb.

Now when we return to the present case we see that the limb must be amputated; and let us consider if we are correct as to the time of performing the operation. When we saw him on the

evening of the accident he was insensible from being drunk, and we may say in a state of apoplexy:—was it right to perform a severe operation while he was in that condition? In the first place the patient is entitled to have an opinion in this decision. In all surgical operations it is of the last consequence to have the patient's mind calm: I would very unwillingly have seen my patient awake to a sense of his condition by the pain of a severe operation. For a better reason still, we ought certainly to see him recovered from his state of drunkenness, which is a state of weakness. It was consistent and right that we should wait till the morning, when there would be the advantages of a better light, and more assistants for the operation. When the morning came there was another question agitated; it was determined to remove the leg, but might an attempt be made to save the thigh? The reason of this question may not appear to you at first sight; but you will observe that a great part of the danger from such an operation is on account of the large mass that is to be removed. It is for this reason that we may be properly desirous of saving the thigh, although otherwise there might not be much advantage in saving a man's thigh when his leg is cut off. Now although the fracture of the femur was of such a nature that the thigh might be preserved, yet I have before told you, that when there is any diseased or weak part in the body, if any great operation be performed, inflammation is apt to be lighted up in that part. This appears to apply in the present circumstances; more especially since there would be a part susceptible of high inflammation in the same limb on which the operation was to be performed.

I now direct your attention to the mode of operating. There are certain principles which direct you in all amputations, and you are left to apply these to the particular cases. We could not in the present instance perform the common operation, because the thigh-bone was broken very high up: and, indeed, an opinion was entertained that it was split up to the trochanter. In all such cases we must therefore amputate above the usual place, taking the assistance of the tourniquet in the first part of the operation only, and we shall be obliged to throw it off before the bone is sawn through. You saw that I applied the tourniquet, but

that I requested Mr. Hunter to compress the artery at the groin: you observed, likewise, that I put a fillet firmly round the thigh, just below where the incision was to be made. These circumstances, I have no doubt, require explanation. Mr. John Bell has said, with reference to the compression of the subclavian and the inguinal arteries, that whilst we are to take every precaution against hemorrhage, we are not to trust to these means of restraining the flow of blood, or we shall be disappointed, and our patient's life put in danger. Now, as a rule in practice, I conceive this to be quite right and very important: but if I pass it without farther explanation, I leave you subject to the influence of those who have rejected this precaution and criticized my brother's words. A distinguished member of our profession, now justly considered at the head of it, grasped the thigh during amputation, and restrained the hemorrhage without a tourniquet: and this he did to demonstrate how easy it was to compress the main artery, and how unfounded therefore was the statement of Mr. John Bell. But notwithstanding this, my brother was perfectly correct when he said, compress the artery at the groin, yet do not trust to it in your operation. I knew the propriety of this advice, because I had seen (I think in almost the first operation I ever witnessed) my brother and the present most respectable professor of Clinical Surgery in Edinburgh, Mr. Russell, men who were not always so heartily combined, both leaning with all their weight, hand above hand, to compress the inguinal artery; and notwithstanding, during the amputation, the blood flowed from the main artery *pleno rivo*. And this I am sure you will have no doubt of, after witnessing the operation of yesterday. You must acknowledge that unless I had been prepared to catch the artery with my finger and thumb, the patient would have lost too much blood. The explanation of the apparent discrepancy of opinion is this: you compress the artery completely, but you forget the freedom of inosculation: it is the inosculating vessels that bring the blood round to the main artery; and they furnish the blood so bountifully, that when the artery is cut across by the amputating knife it bleeds profusely. Of this I can give you a decisive proof. In performing an operation of this kind, I cut down upon the fore and upper

part of the thigh with a scalpel, and tied the femoral artery. I proceeded then with the amputating knife to make a flap, in which I cut across the artery below the ligature: this vessel threw out its blood *per saltum*, and, observe, from the lower orifice. There can be no doubt that this blood was furnished by the collateral vessels—by the branches of the sciatica and obturator. Here I did not trust to the assistant's thumb: the artery was tied. You will now understand that when the gentleman I alluded to grasped the thigh and compressed the artery, he did something more, he compressed the collateral arteries also; he, in fact, performed his amputation as they were wont to do before the invention of the tourniquet by Petit, when they employed a strong man to grasp the thigh above the place of the incision.

I must tell you what was passing through my own mind, for merely seeing the operation will be of little service to you. It is in this manner that I would recommend you to perform this high amputation. The first thing to be done is to form a flap on the inside of the thigh by a semicircular cut through the integuments and the adductor muscles. This is not to be done at once, but make an incision upon the fore-part of the thigh, as if it were the anterior horn of the crescent, let it go through the integuments and divide the artery. Giving the knife to an assistant, and receiving a tenaculum, you are to thrust it across the open mouth of the artery, and then with the finger and thumb of the left hand draw it out and let it be tied. You saw that this was done in an instant. Receiving the amputating knife again, you place it in the wound and complete the crescentic-like flap, your assistants, in the mean time, forcibly drawing up the integuments. You then set on the knife where you commenced the first incision, and sweep it round on the outside of the thigh, making a semicircular incision terminating on the back part. Here you are to take up the principal vessels. And now you remove the tourniquet, and apply the split cloth as a retractor: and are careful to dissect up the attachments of the muscles to the *linea aspera*, so as to permit the muscles to be drawn up to the utmost. You then raise the bone and saw it across.

When you cut off so large a limb as this, the bleeding from it is very considerable. It was with a view of stopping the blood, in a retrograde movement

during the early part of the operation, that I put a fillet tight about the thigh, below the place of my incision.

(To be continued.)

ABSTRACT OF A COURSE OF LECTURES ON PHYSIOLOGY DELIVERING IN PARIS

BY M. MAGENDIE.

ON Thursday, November 15th, M. Magendie commenced a course of Lectures on Experimental Physiology, the first of which was descriptive of the physical properties of living organs, embracing the comparison of these properties with those of organs deprived of life. Beginning with *Elasticity*, it was observed that the different tissues of the body possessed this property in a greater or less degree, and that disease had more or less influence in diminishing it. A piece of skin, a muscle, an artery, and a vein were adduced as examples of organs, deprived of life, possessing an elastic property; but it was remarked that veins and arteries not only had different degrees of elasticity, but that this property varied in respect to the different directions in which it was examined in these vessels; an artery being more elastic in its longitudinal direction than a vein, and this more elastic in its circular direction than an artery. A farther exemplification of these facts was drawn from the properties which these vessels presented in the living body. The jugular vein of a rabbit being laid bare to the extent of an inch, was seen to dilate and contract as the animal expelled the air from its lungs or inspired it. The elastic property of arteries was likewise shown on the same animal: the femoral artery being exposed, and then divided, was seen to retract in its longitudinal direction. It can easily be understood of what importance this action of the arteries is to surgery, as it forms the first and most essential barrier to the effusion of blood from those which have been divided.

In those viscera which are subject to variation in form and size, the elasticity of their investing membranes is fully demonstrated: with reference to this property, as possessed by the lungs and the pleura covering them, the following experiment was made. The parietes of the chest of a rabbit being removed, the lungs were inflated artificially by a tube introduced into the trachea; the instant

this was discontinued and the tube removed, the lungs returned on themselves by their elastic property, and the air became expelled. A muscle in the leg of a rabbit was exposed, and force applied at each end: the extension being removed, the muscle resumed its original form and length. But it should be observed that it would be difficult to demonstrate the elastic property only of a muscle, when at the same time, from the nervous supply not being cut off, voluntary contraction would produce the same effect as was observed in this experiment.

The variations which the body undergoes on account of the same individual possessing at different times a greater or less bulk, indicate the elastic property of this general covering.

There is not a part of the frame which does not possess, in a stronger or weaker degree, the property of imbibing the fluids with which it may come in contact. This property of *Imbibition* is common both to living and dead tissue, but is possessed in a stronger degree by the former than by the latter: it was exemplified by applying coloured liquids to the skin, the mucous and serous membranes, &c. The effect which inflammation sometimes produces in throwing out a fluid beneath the cuticle, or, in other words, in forming a blister, may, by the imbibing property of the cutis, be imitated on this membrane deprived of life. Take a piece of skin in the form of a bag; having filled it with water, put a ligature round the upper part to prevent its escape: in a few days some of the water will have passed through the cutis, and be evident beneath the cuticle in the form of a blister. If, on the other hand, the cuticle be made to form the internal lining of the bag, the experiment being otherwise conducted in the same manner as the former one, it will be found, after a few days, that the water will have lost about three drachms of its weight, by evaporation; but the external surface of the bag becoming dry, imbibition is prevented going on any farther, at least the water which is imbibed by the skin is prevented from escaping. The property of the skin and serous membranes as imbibing tissues is of importance to the medical practitioner, as the former offers him the means of introducing various medicines into the general system, as mercury, sulphur, &c., and the latter are agents of absorbing

the fluids which may be effused into their cavities. On the system in general this property is exemplified in cases of jaundice; and in those also where the bladder from over distension ceases to have the power of evacuating its contents, the body becoming tainted with a strong odour of ammonia.

A vessel containing a viscous fluid, and in contact with a fluid of a less tenacious quality, has the property of imbibing the latter, and causing it to pass off, so long as any marked difference exists between the viscosity of the fluids. Experiment:—A glass an inch in diameter, six inches high, and open at the top, was half filled with water, in which there was a small quantity of mucilage; a piece of intestine tied at one end, and at the other fastened to a tube of glass six inches long, and about the eighth of an inch in diameter, was then filled with mucilage; the tube of glass communicating above with the air, and below with the mucilage in the intestine, was then fixed in the centre of a cork which was adapted to the top of the glass: in the course of a few days some of the water in the bottle had been imbibed by the intestine, and was seen to have ascended in the glass tube about two inches. The same property was exemplified in the following manner. Instead of the serous surface of the intestine being in contact with the less viscous fluid, the intestine was inverted, and fixed in the same manner as in the former experiment; it was then, together with the tube, filled with a slightly mucilaginous fluid, and the bottle half filled with mucilage: in this instance imbibition was seen to take place by the fluid in the intestine mixing with that in the glass, and consequently descending in the tube. These facts are to be considered as confirmatory of the theory of absorption, and may in time throw more light on the phenomena of digestion.

All the membranes of the body, particularly those of a delicate structure, are easily *permeable by gas*. supposing the mucous membrane of the lungs not to possess this property, but on the contrary to be composed of a thin metallic plate, it would be impossible for the blood to undergo those changes which are necessary for life. On opening the abdomen, the surface of the intestines often presents a purple colour, which after a short time, from exposure to air, becomes converted into a lively red, giving an idea to the person who

had not seen the intestines when the body was first opened, that they had undergone inflammation: from a like cause it also happens that, in cases of emphysema, the cellular tissue becomes the agent in removing the extravasated air; and that gas of a destructive nature, when brought in contact with the mucous membrane of the lungs, causes death very quickly.

CASE OF BRONCHITIS FROM THE PRESSURE OF A MALIGNANT TUMOUR WITHIN THE THORAX.

BY EDWARD J. SEYMOUR, M.D.

ON Thursday, 15th November, 1827, I was requested to visit Mr. A.B., ætat. 51, who had generally enjoyed a remarkably good state of health. In May last he was attacked with cough and difficulty of breathing, which he attributed to exposure to draughts of cold air; he brought up at this time a little blood by coughing. The ordinary remedies appeared to relieve, if not entirely subdue, the symptoms of the disease, and he was again enabled to take his usual exercise, which was uncommonly violent: walking considerable distances, or riding a young and unruly horse. About six weeks ago the symptoms returned, and he coughed up a small quantity of dark-coloured blood.

He has been exposed to much anxiety.

Mr. Stone, who had observed his state while visiting another patient in the family, had requested him to put himself under medical care.

At present he complains of difficulty of breathing, accompanied with constant, and occasionally violent, fits of coughing; expectoration very scanty; his inspiration is difficult, and his attempts to take a long breath are accompanied with a wheezing noise on the right side of his chest, although he fills the lungs on that side completely with air. The ribs on the left side appear fixed, and the left lung impervious to air. Pulse 90, not weak; skin cool; lies with equal facility on either side or on his back; sleeps ill habitually, and this inconvenience has been lately much increased; tongue clean and moist; no accessions of hectic fever; complains of weight and tightness at the scrobiculus cordis, and want of appetite; bowels regular.

Cap. Pulv. Ipec. ʒi. pro emetico statim.

Nov. 16th.—The emetic relieved the sense of weight and tightness in the epigastric region. Pulse 100, not weak; expectoration frothy; respiration in the right side of the thorax attended with a peculiar harsh noise like the blowing of bellows; on the left side the sound is perfectly dull, and the ribs are not raised on inspiration; countenance extremely pale and anxious; no unusual pulsation to be found or pain experienced in any part of the chest; bowels not open.

Fiat V. S. ad ʒxvi.

R. Hydrarg. Submur. gr. iv. Pulv. Jacob. Vir. gr. iv. M. ft. pulvis h. s. sumend. Haust. Sennæ c. m.

17th.—Blood drawn yesterday much buffed and cupped: sonorous respiration in right side of the lungs continues; he raises slightly the ribs on the left side during respiration; pulse 96, not weak.

Repet. V. S. ad ʒxvi.

R. Pil. Hydrarg. gr. iij. Scillæ recentis gr. ii. M. ft. pilula bis in die sumend.

R. T. Camphoræ C. ʒj. Mist. Amygdalæ. ʒx. Muc. Gummi Acac. ʒij. Syrupi ʒj. M. ft. Haustus h. s. sumend.

17th.—Blood drawn not buffed or cupped; respiration easier, but very sonorous at intervals; pulse 90; expectoration free, frothy.

C. C. lateri sinistr. ad ʒx. postea admoveatur Emplast. Cantharidis pectori contin. alia.

18th.—The symptoms the same as yesterday. The remarkable imperviousness to the admission of air in the left lung, the absence of hectic fever, the expectoration being frothy and without the least trace of puriform matter, and the absence of pain, induced me to believe the symptoms to arise from the pressure either of an aneurismal tumour, or one formed by enlarged glands at the origin of the bronchi, especially on the left side. In consequence of this view of the case, the family were informed of my fears and my despair of its favourable termination.

19th.—Expectoration has become very considerable; hoarseness much increased; sonorous inspiration not diminished; some sleep during the night; pulse 80, soft and not strong.

Omitt. Pil. Scill. c. Pil. Hydrarg.

R. T. Benzoës C. ʒss. Muc. G. Acac. ʒij. Mist. Camphor. ʒx. M. ft. Haustus ter in die sumend. Repet. Haust. Anodynus h. s.

20th.—The expectoration of frothy mucus very considerable; symptoms the same. Repet. medicamenta.

The same treatment was continued, with only the addition of occasional laxatives, for a week. On the 28th, the expectoration having become extremely profuse, (three pints in the twenty-four hours,) the patient's strength failing, the respiration continuing sonorous, and some difference being observed for the first time in the pulse at the wrists, that in the left being fuller than that in the right, and occasionally becoming irregular, I warned the family that I feared a fatal result was not far distant. On the 29th, in the evening, I met Dr. P. M. Latham in consultation. Dr. L. was of opinion that my idea of the presence of a tumour was not improbable, and in other respects, after a very careful examination, coincided with me as to the nature of the case.

R. Mist. Amygdalæ. Mist. Camph. ʒj. Subcarbon. Ammon. gr. viij. M. Cap. dimidium hujus Misturæ 2ndâ quâque horâ. Repet. Haust. Anodyn. c. T. Opii Camp. ʒss. h. s.

30th.—Better; pulse 86, soft; otherwise the same.

Dec. 1st.—He cannot lie down in bed; great anxiety is present; expectoration profuse; pulse 110, occasionally intermitting; his mind wanders at intervals, respiration very loud and ringing. Repet. medicamenta.

2d.—Pulse 106, regular; his mind wanders, the countenance is much sunk, respiration less difficult; he swallows with some difficulty.

About five in the evening he complained of great pain in the left side of the thorax for the first time; at nine expressed a desire to go to the night-chair, and died instantly on reaching it.

Examination of the body thirty-two hours after death.

The examination was made by Mr. Cæsar Hawkins, in the presence of Dr. P. Latham, Mr. Stone, and myself.

A tumour was found in front of the chest, above the heart, situated for the most part anterior to the roots of the lungs, but surrounding the lower part of the trachea and both bronchi, the trunk and branches of the pulmonary artery, the pulmonary veins of the left side, the arch of the aorta and left carotid and subclavian arteries, but leaving the anterior part of the ascending aorta and arteria innominata uncovered. Behind it was in contact with the œsophagus, and below with the upper part and left side of the pericardium; thence it ex-

tended into the left lung, so that nearly half of that viscus was occupied with a similar congeries of globular tubercles, the largest about two inches and a half in diameter. The tumour of the lung adhered to the left side of the pericardium, to the diaphragm, and to the vertebræ and heads of the ribs behind, so that the lung could not be removed without tearing through the tumour. Most of the masses composing the tumour were of a white colour, but some were black in the centre, and others had begun to become soft and red in the inside. Where the tumour was in contact with the diaphragm, that membrane had become softer. A rupture had taken place, by which an effusion of blood had occurred, from the centre of one of the tubercles behind the vena cava descendens into the cavity of the pericardium, which contained about a pint of fluid blood. The back part of the aorta had also begun to change in texture, though the alteration did not yet reach its inner coat. The calibre of the superior cava was much lessened by the pressure of the tumour, and in one part its coat had been absorbed, so that a small fungous projection had taken place in its interior.

About an inch and a half of the œsophagus nearest to the tumour had also become thickened and contracted, the change appearing most distinct in the muscular tunic.

The heart itself was healthy, but the cavities of one of the left pulmonary veins was greatly diminished by the growth of the tumour, which had not, however, affected its coats.

The left bronchus and its branches were much lessened in diameter by thickening and pressure, and the remaining part of the lung of the left side scarcely crepitated, being filled with mucus and watery exhalation. The tumour had grown most in the lower lobe, so that very little of the texture remained, which, however, was solid. The pleura covering this lobe was much thickened, and adhered to the ribs. Many irregular white masses of condensed cellular membrane extended from the tumour into the outer part of the lung, thicker and less ligamentous than the bands usually are in cancerous tumours.

The disease did not reach beyond the root of the right lung, which was red and full of fluid, and the pleura contained a number of white spots of a

cartilaginous consistence, which were of the size of a split pea.

A tumour similar to that in the chest, and about the size of a small orange, was situated above the head of the pancreas.

The rest of the viscera were healthy.

This case affords a well-marked example of a disease, which, although it is known to practitioners of long and extensive experience, is nevertheless rare.

It appears to have been known to Morgagni, who has described it as a peculiar appearance, as resembling fatty tumours, (*quasi steatomata*,) in Art. 22, Epist. 22. It has been much commented on by modern French writers. Bayle terms it cancerous tubercle of the lungs, and by Laennec* it is called *Encéphaloïdes des poumons*, because, in its advanced or third stage, it occasionally resembles in appearance and consistence medullary matter. It is the fungous hæmatodes of English writers.

Bayle has the merit, among the French, of having first described it under the title *Phthisie cancéreuse*; and the following account, which he relates of the appearances on dissection in his first case of that disease, very evidently resembles those in the one which I have described.

“The right lung” (he says) “was much more affected; a great number of rounded tumours were observed in it of various sizes, from that of a nut to that of a chestnut; they all appeared continuous with the texture of the lung, their colour was white, they were rather shining, and their appearance sufficiently resembled the fat of bacon. Some capillary vessels were visible in them as in the brain. Among these tumours some were still hard, and they were the most shining; the others had less consistence, and were of the colour of milk. On pressing these last a white pus was forced out from a great number of points, of the consistence of cream. Some other tumours were already nearly destroyed.” —Bayle, *Recherches sur la Phthisie Pulmonaire*, p. 298.

In the valuable work of Dr. Baillie on Morbid Anatomy, this disease is not described, unless we suppose his account of the soft pulpy tubercle to apply to one stage of it. The editor of Dr. Baillie's works, Mr. Wardrop, has supplied the information omitted by the author.

* *Dictionnaire des Sciences Médicales*, afterwards transcribed in his work *de l'Auscultation Médiate*.

When this disease occurs in the viscera of the abdomen, the liver, spleen or kidney, the parenchyma of those organs appears pushed aside in order to admit the foreign growth, the parietes of the cavity in which they are contained adapting themselves to the increased size of the organ; but as the lungs are contained within parietes admitting of very little dilatation, the growth of fungous hæmatodes of the lung is attended with inflammation and condensation of neighbouring textures. Hence the blood drawn in the case described was much buffed; a circumstance which does not appear to accompany the disease in other viscera, and which therefore is to be considered as an occurrence incidental to its progress in that particular situation, and by no means as affording evidence of the inflammatory origin of the disease.

Until the deviation from the laws which govern the animal body in a state of health, which precedes these formations, be understood, we must be satisfied with palliative treatment. By relieving the symptoms which arise from pressure, by moderate venesection, by enjoining perfect rest and strict diet, restraining the irritating cough by mild opiates, and supporting the occasionally fainting powers with diffusible stimulants, we shall contribute to the comfort of the patient, and delay the fatal event.

CASE IN WHICH UNUSUAL EFFECTS RESULTED FROM THE BITE OF A DOG.

By JOHN BACOT.

THE following case may, perhaps, be thought worthy of insertion in your Journal on account of its singularity; but as its practical utility is not very apparent, I have compressed the facts into the smallest possible compass, not to consume more of your space, or your reader's time, than is necessary. Mary O'Donnel, of Leicester Street, Regent Street, a remarkably stout, healthy young woman, was bitten by a dog on the 18th of June, 1825, in the inner and lower part of the fore-arm; the dog had just before attacked and bitten a man, but as the animal appeared to be naturally ferocious, and as it was led along the street by a servant who had charge of it, the young woman did not suppose it to be rabid, and therefore took no

notice of the accident at the time, especially as the wounds made by the dog's teeth, two in number, were quite superficial, the skin being scarcely punctured, without any effusion of blood. A few hours, however, after O'Donnel had returned home, the part included between the punctures began to give her great pain and to swell, so that in the course of a few days a tumour was formed as large as a hen's egg, which suppurated and discharged a quantity of purulent matter; the girl's health was a good deal disturbed during this time, but no serious symptoms presented themselves, and in a few weeks the part healed up under the use of common remedies. O'Donnel remained well for about six weeks, when another swelling took place, followed by suppuration, the cure of which occupied another month, and the same succession of symptoms continued to make their appearance at intervals, varying from six weeks to two months, always producing some degree of constitutional disturbance, when, wearied out by these repeated attacks, she applied in the month of March, 1826, at St. George's Hospital, and had the portion of skin included within the bite cut out by Mr. Rose. This wound healed without difficulty, and for three months the part remained quite sound and well: at the end of that time two small vesicles made their appearance at the edge of the cicatrix, which became discoloured as if it had been bruised; this was quickly followed by an extensive vesication, covering the whole breadth of the lower third of the fore-arm, attended with a sense of great heat and burning: the vesication, after a short time, broke and discharged a large quantity of serum, which felt very hot, and excoriated the parts it touched. The cuticle peeled off, and the surface beneath healed slowly, but without difficulty, presenting, whilst healing, precisely the appearance of a common blister. O'Donnel is now recovering from a similar attack, which is the third she has experienced since the part was excised in 1826; her health still continues very good, though the severity of these attacks is not at all diminished, the only amendment appearing to be, that they occur now much less frequently than formerly.

South Audley Street, Jan. 6.

[We remember a case which occurred some years ago in St. George's Hospital,

where, after an injury by which the ulnar nerve had been divided, a succession of blisters formed on the little finger, somewhat in the manner described in the above case by Mr. Bacot.]

MERCURIAL FRICTIONS AN ANTIDOTE AGAINST THE PLAGUE.

At the last sitting of L'Académie des Sciences de l'Institut, M. Moreau de Jones communicated the following fact, which was sent to him in an official correspondence. A boat of the Ionian Isles having been met at sea by a Turkish vessel, was forced to send her captain on board the latter. On her return to Cephalonia this boat was put under quarantine, and it was discovered that the captain, who had communicated with the Ottoman boat, was already seized with the first symptoms of the plague. Although no one else offered any sign of this contagion, the English physician of the Lazaretto considering that all the crew, to the number of twelve, having remained together, might have received the germ of this frightful disease, resolved to subject the whole to an active mercurial course, internal and external. The event, said M. Moreau de Jones, proved the wisdom of this precaution. All these individuals were attacked successively with the plague, but with differences extremely remarkable. The captain and another sailor, who had not experienced any sensible effect from the mercury, suffered the disease in all its violence, and died of it. On the contrary the sailors, whom the mercury had salivated, were seized with symptoms attended by no danger, although completely characteristic of the infection. All these sailors recovered, and it is fair to conclude that it was to the mercurial treatment that they owed their safety. Mercury was used in the late plague at Malta, but it was only after the commencement of the disease. A mean so simple and easy as a mercurial course, which if it does not prevent the invasion of the plague prevents at least its mortal effects, is very interesting, as communications with ships infected with this contagion may at any instant be rendered unavoidable, by the events of which the Mediterranean is at this time the theatre.

Paris, January 3, 1828.

NEW REGULATIONS OF THE COLLEGE OF PHYSICIANS IN IRELAND.

THREE *solemn* meetings have been held, and a new by-law has just been enacted, whereby all medical degrees and diplomas are declared unnecessary in future applications to this college for a license. They now offer a license far superior to any degree, upon easy and moderate terms. Henceforth any gentleman entering the profession, and ambitious of *associating* with the licentiates of the Irish college—the only authorized physicians in the land—will be gratified to learn that it is a needless extravagance to encumber himself with a medical degree; by simply taking the license of the college, he will not only at once become possessed of all the advantages of the doctorship, but may refuse to consult with the medical graduates of any university, who are not licentiates. The terms or conditions are these: 1. Four years' study. 2. Certificates of attendance on the professors of the School of Physic, and on the *new made* College Professor of Midwifery. 3. Two years' attendance at any *chartered* hospital. 4. The fee of fifty pounds. And lastly, the usual examination. Here are advantages "not to be equalled." Who will not be a doctor upon such encouragement? It is quite clear that money is *not* the object of the college; no, the respectability of the body corporate is what they mainly consult. Their liberality, too, is unquestionable, in offering so generously to confer their privileges upon the numerous and learned candidates, who will fly to embrace their kind proposal. Nay, they have gone farther; with a noble spirit, that may be truly called ultra-liberal, they have lately thrown open the college, by increasing the number of their fellowships, at the trifling rate of twenty pounds a head. No doubt, with this vast accession of talent, they will be able satisfactorily to explain a certain clause in the School of Physic act, (40th Geo. III.,) which, to vulgar capacities like ours, would clearly imply that *all the professorships*, with only one exception, *are at this moment vacant*. But with respect to the terms or requisites above-mentioned, it is clear that they have originated in the genuine spirit of liberality. No Clinical hospital need be attended; the nearest county infirmary will do as well, perhaps better, and

Clinical lectures are very properly dispensed with as quite superfluous. Hitherto the qualifications for a license (By-laws, ch. v.) were, a medical degree, a good character, and the fifty pounds of course. Whether the good character is to be dispensed with, as well as the medical degree, we cannot state for certain, but we should imagine that liberal allowances will be made to early purchasers. Neither can we positively take it upon us to say, what is to be the current title of the new licentiates: they will themselves see the downright impropriety of assuming the degrading appellation of doctor. Query—Would not the whole college do well to drop that vulgar and unmeaning title at once, and adopt in its stead that of "Mr. Licentiate," as far more expressive, comprehensive, and suitable? This, however, is our own mere suggestion; it would immediately draw a line of distinction between the sheep and the goats, whilst the novelty of the sound would undoubtedly attach an amazing deal of importance to it, and give it an *imposing* effect in society. Another new regulation we had nearly forgotten. To show that there is to be neither favour, affection, nor partiality manifested towards any class of individuals, it is farther enacted, that all graduates in medicine, whether of Edinburgh, Dublin, Cambridge, or Oxford, upon presenting themselves as candidates for a license, shall be examined *de novo*, and have their papers scrutinized as rigorously as if they had never been looked into before; and, in fine, these said graduates are to be treated in every respect just as those gentlemen candidates who have never been inside the walls of an university. It is hoped that all persons who are desirous of practising in Ireland with the utmost respectability, will give this college a preference, as its members flatter themselves they have now done every thing in their power to please, and they challenge any other college or university in the United Kingdom to offer the public so great a bargain.

EBLANENSIS.

January 19, 1828.

MR. LAWRENCE.

To the Editor of the London Medical Gazette.

Sir,

I LAMENT equally with yourself that there should be any thing like per-

sonal animosity between members of our profession, and more especially when it appears that such unpleasant feelings have been excited by difference of opinion on scientific subjects and points of practice. In your last Number you have singled out Mr. Lawrence, and hold him up to the world as an individual who, with all the bitterness of a disappointed spirit, has directed the whole powers of his mind to wound the feelings and estrange from him, probably for ever, three men who are known to have been his friends.

Now, sir, had Mr. Lawrence been the aggressor on this occasion, your strictures might have been just. But what are the facts? That gentleman communicated to the Medico-Chirurgical Society a paper on Erysipelas, the result of much labour, attended its discussion, which was protracted to three nights, and, when a member seemed inclined to renew the debate, after he had replied to the several speakers, he offered to attend again if the Society wished for further discussion. This offer afforded Mr. Samuel Cooper ample opportunity of delivering his sentiments at the Society. Instead of this, however, he addressed two letters to the editor of the *Lancet*, making various comments; more especially in the second, which evinced any thing but a friendly disposition—not even a spirit of liberal opposition. He attempted to show an anxiety on the part of Mr. Lawrence for the honour of priority in the treatment of certain cases of erysipelas by incisions, insinuating broadly, that no new proposal is now made, however bad it may be, without a contest for the priority of the discovery; and in speaking of the cases in which this treatment had been adopted, he adds, that escapes, in spite of bad treatment, ought to be distinguished from cures.

The whole line of argument adopted in these letters by Mr. Cooper, showed a spirit of eager and indiscriminating hostility towards Mr. Lawrence, which was both unmerited and uncalled for.

When Mr. Travers was elected President of the Medico-Chirurgical Society, Mr. Lawrence, who had been prevented by other avocations from attending the Society for several seasons, immediately determined to afford Mr. Travers every possible support, and paid him the personal compliment of attending on the first evening after his elevation to the Chair, and has since been regularly present at the meetings, taking

an active share in the debates. He moreover, furnished several papers at the request of the President; the last of which, on Erysipelas, he judged a suitable subject for discussion, from the wide difference of opinion which prevails as to its nature and treatment. It is not for me to enter on the merits of this paper, as the opinions contained in it have been freely commented on by many eminent members of the profession, and the arguments favourable and adverse to several points of the practice recommended by Mr. Lawrence, have been widely circulated through the medium of a free press, the most powerful instrument for eliciting and diffusing truth. That Mr. Lawrence's views have been shamefully misrepresented for the basest of purposes, that some distinguished members of our profession have animadverted in terms, not the most courtly, on the principles of treatment recommended by Mr. Lawrence, will be sufficiently evident when his paper is published. The concluding speech of Mr. Travers, in his official capacity as President of the Society, was, to say the least of it, ill-judged and illiberal, because delivered when Mr. Lawrence, through indisposition, had left the meeting, and therefore had no opportunity of reply except through the medium of the press. Mr. Travers, in giving utterance to his views that the treatment recommended by Mr. Lawrence "was more fitting the dark ages of barbarous surgery than the present times, and as an unnecessary, severe, alarming, and dangerous practice," threw down the gauntlet, and, as it were, invited from Mr. Lawrence an admirably well-directed, though unpalatable, refutation. Mr. Lawrence, however, overlooked the attack of his friend Mr. Travers, as he had done that of his other friend Mr. Cooper, until he was in a third instance assailed by Dr. Butter. Not knowing when these batteries would cease, he thought it high time to stand on the defensive, and to show his assailants that they had overstepped the bounds of fair criticism.

The high estimation in which Mr. Lawrence is held by every one who has the satisfaction of knowing him in private life, his manly independence and integrity, render him incapable of directing the whole powers of his mind to wound the feelings of those who are known to have been his friends; and I am confident that every one who weighs

the facts I have stated impartially, will not hesitate to attach the blame where it is due.

I have the honour to be, sir,
Your obedient servant,
CANDIDUS.

January 14, 1828.

We have inserted the letter of Candidus, and will now take the liberty of remarking on it, that it appears to us to do more credit to the ingenuity of the writer, than service to the cause which he advocates.

He endeavours to show that Mr. Lawrence conferred a great favour on the Medico-Chirurgical Society, as well as on its President, (Mr. Travers,) by writing an elaborate paper on Erysipelas, and attending its protracted discussion for three nights; an exertion which we believe he would not have complained of had he met in the Society with that species of homage to his talents, and mental prostration to his opinions, which we know he has been of late accustomed to receive from the present associates of his choice. But the result of these discussions not having been so satisfactory to him as he had been probably taught to expect, that which was intended as a compliment, and at first, we suspect, received by him as such, (we mean the adjournments of the consideration of his paper,) is now bewailed as a grievance, and urged as a justification for the indulgence of his petulance.

No one lamented more than ourselves the indisposition of Mr. Lawrence, whether it arose from the severity of the disease from which he had suffered, or of the remedy which he stated had been used for its extinction; but we think it was rather too much for him to expect, after the interest of the Society had been wrought up to a high pitch by the lengthened consideration of an important question, that the moment he chose to leave the room, from whatever cause, the mouths of those who remained were to be closed up, and all farther discussion of the subject prohibited; especially when it is recollected that before he retired, he contrived, in spite of his indisposition, to deal out, with no very sparing hand, on those who differed from him in opinion, reflections of a cast which were as uncalled for in this case, as they are generally unnecessary for the fair and candid discussion of professional questions.

With respect to the extent of the obligations conferred by Mr. Lawrence on Mr. Travers in writing papers for the Medico-Chirurgical Society and attending its meetings, which points are so much insisted on by Candidus, it may, perhaps, be said that the former has now repaid himself for them with usurious interest. We leave it, however, to others to decide, whether these obligations were at any time such as ought to have precluded Mr. Travers from expressing, in Mr. Lawrence's absence, a difference from him in opinion on a point of chirurgical practice.

As to what actually fell from Mr. Travers, we shall only remark, and we confidently appeal to the majority present for the truth of our statement, that there was nothing in it even bordering on personal disrespect. He assumed no right beyond that to which he was entitled as an individual member of the profession, and of which Dr. Babington, Dr. Thompson, and Mr. Guthrie, (all of whom expressed their opinions after Mr. Lawrence had retired,) equally availed themselves; a right which he certainly could not be considered as particularly presumptuous in exercising, in a Society which had virtually acknowledged his superior opportunities and powers of judging on such questions, by conferring upon him its highest dignity.

He made, however, no more attempt at a judicial summing up than any other member who spoke at the latter end of the debate. He fairly and openly stated his protest against a practice which he considered to be, in a very large proportion of cases, uncalled for and extravagant; and observed, in complimentary terms, that he did so the rather, because the popular authority of Mr. Lawrence was calculated to give a considerable, perhaps an undue, influence to his opinions.

MEDICAL GAZETTE.

Saturday, January 26, 1828.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

STATE OF MEDICAL FEELING.

VARIOUS circumstances have concurred to render the task of conducting the Medical Press at the present moment

at once difficult and ungracious. *Virtus est medium vitiorum* is a maxim easily laid down, but not easily observed. If the journalist confines himself entirely to matters of science, he is apt to be thought tame; if he departs from these and scrutinizes the conduct of individuals, he lays himself open to the charge of being personal. This evil is in a great measure dependent upon the licentiousness of the press, which, by distorting facts and caricaturing individuals, has corrupted the public mind, and given it a taste for high-coloured descriptions of private circumstances and personal peculiarities, in violation of all the better feelings and the common decencies of life.

We look upon it as the most important, and at the same time the most difficult, part of our duty to overcome this evil, and by exposing the depravity in which this system began, and by showing the injury it has done to the comfort, the respectability, and the advancement of our profession, gradually to induce its members to prefer useful investigations and scientific truths, which lead to practical ends and rational satisfaction, rather than the feverish excitement produced by the perusal of statements, which, if sometimes amusing, we know to be always exaggerated, and often wholly false.

We are all compounds of knowledge and ignorance, strength and weakness; and there is no man who may not be made the subject of ridicule, if the foibles of his character are brought forward and exaggerated with all the cunning of determined malice, while his good qualities are studiously concealed, or made the subject of some scurrilous gibe.

Among political writers there always have been and always will be some, who, regardless of character, and destitute of principle, abuse the leading men of the day, without any respect to truth, consistency, or justice; and if one among them be more conspicuous than the rest for his contempt of every moral obligation, he contrives to excite

attention, and gains for the time a disgraceful notoriety. This, we say, is no uncommon phenomenon in the political world; because, among the constituents of general society, there is always a certain number of the ignorant and discontented to admire and to support the traducer of those above them. But it was reserved for the present age to afford an example of any thing similar among men of enlightened minds, and to develop a persecution of individuals, systematically carried on for a succession of years, and an unblushing prostitution of the press to party purposes, under the specious pretext of promoting free discussion, and the reformation of abuses. It will form a disgraceful era in the history of medicine in this country, that a publication, founded on such principles, should have succeeded.

It is gratifying, however, to observe the revulsion which has taken place in public feeling; men begin to see the magnitude of the evil, and to blush for the share they have had in promoting it. Indignation against the degraders of their profession is rapidly taking the place of the amazement which was at first excited by their matchless audacity.

While this is the general movement in the public mind, and men look back with wonder on the outrage which has been offered at once to their judgment and their feelings, there is one set of individuals who view the change with consternation, and who are truly to be pitied. It is those who have so long been "shouted forth in praises hyperbolic," that in the simplicity of their hearts they have believed themselves all they have been called; those who, forgetful that there are some men whose praise is far more to be dreaded than their bitterest censure, have suffered themselves to drink the poisoned cup of flattery, heedless of the polluted source from whence it came. In contemplating some zealous but misguided members of our profession, it is lamentable to think what they are, and what

they might have been. Compare their present ambiguous connection with a Journal through which the public has been nauseated with their praises; their consequent loss of professional rank, their exclusion from the society of their equals, and the association of their names with one, immeasurably beneath them,—compare this picture (which may, perhaps, be highly coloured, but in which there is at least much truth) with the bright and unsullied reputation which the same individuals might have acquired—might still acquire, by preserving the straight high road of professional courtesy and honourable ambition; by taking as models the two leading members of our profession, Baillie and Cline, who, within a short space, have descended to the grave full of years, at the height of their reputation, carrying with them the professional regrets, the personal regards, and the unanimous admiration of their survivors.

There are some who eagerly deny any connection with the general libeller, who nevertheless have received without indignation, nay, who have even encouraged by occasional communications, the interested adulations of a Journal, in which their contemporaries, and, in many instances, their own personal friends, have been systematically traduced; loaded week after week with the vulgarest ribaldry; stigmatized by ridiculous names; their private affairs coarsely alluded to, and their public conduct and practice grossly misrepresented. How, we ask, can any man of honourable mind—how can any man of delicate feeling—how can any man who respects the sacredness of truth consent, though but indirectly, to countenance a paper in which all the eminent men of the day, with one or two unenviable exceptions, have been successively calumniated? Alas! it cannot be denied, there are some who have so far forgotten what they owed to their profession and to themselves, as to be pleased with the popularity, such as it is, which they have hoped thus to acquire.

¶ In conformity with our pledge, that we would do all in our power to obviate the existing evils, we have been compelled, though reluctantly, to make some of these feel that there is a point beyond which public opinion cannot be misled; and that outrages too flagrant and too frequently repeated lead to retaliation. Retaliation, we disavow it. We have had recourse to open censure, and have assailed with their own favourite weapon of irony those “of popular talents and eminent station, who have been disseminating opinions, and acting on principles, practically injurious;” but we neither have descended into the arena of personal abuse, nor will do so. Our object is to stem the torrent which has been so long directed against the respectability of medicine; to check the licentiousness of the Medical Press; and to restrain the frowardness or folly of individuals. This we have done to teach those, who seemed to require the lesson, that if they have been represented as infallible, and the very oracles of the healing art, it was because one side of the question only was heard; that if they were unassailed, it was not because they were unassailable, but because the forbearance which has been shown towards them, is only to be equalled by the unblushing effrontery of those who have entailed upon them the injury and the insult of their praise. But the charm is broken, and the reign of their supporter is at an end. We have shown that we have the power, and shall continue to adopt argument, censure, or raillery just as they appear to us best suited to accomplish our object; but the dreadful example we have before us, will make us careful not to abuse the means which a command over the public press always places at our disposal. We have already gained an influence which our opponents know too well not to fear; and which having once established, it will be their fault if we are called upon frequently to display.

When six short weeks ago we wrote our introductory Address, and embarked in the arduous task of conducting the

Weekly Medical Press, although we were fully aware of the feverish and turbulent state of the profession, we had no idea how speedily it would involve us in painful dilemmas, and how difficult it would be to hit the true medium between personal and malignant persecution on the one hand, and a tame and tacit acquiescence in insufferable outrages on the other. There was an evil too which we did not foresee, or which we hoped to have been able to avoid: we mean the painful task of exposing the practical errors, and censuring the personal conduct, of men whom, for many reasons, we would rather have passed by in silence. But, under existing circumstances, how was this possible? Were we to permit fatal operations to circulate as successful?—practical measures, the trials of which, when carefully scrutinized, were either equivocal or decidedly unfavourable, to be palmed on the profession as splendid improvements?—outrageous and untried proposals to be put into the heads of a number of medical youths, about to be scattered throughout the kingdom, and to exercise their unpractised skill on the lives of their countrymen?—the peace and good order of the profession to be disturbed, and vulgar knaves to fatten on the abuse of the respectable and the fears of the weak-minded? If we had suffered such things to take place without doing our best to counteract them, we should have been sacrificing our public duty as journalists to our private inclinations as men.

MR. SAMUEL COOPER.

In the leading article of our sixth Number we remarked, *en passant*, that Mr. Cooper's explanation to Mr. Wakley, on being cross-examined by him, had "more regard to the feelings of the editor than to his own consistency;" and this has brought upon us a letter from Mr. Cooper, of no less than four pages and a half of post paper. We cannot afford room to print it at length, but will give the points together with

our replies. He begins by telling us that he is not angry, much less "boiling," and hopes that we will not "roast" him as we have done his friend. As he goes on he becomes witty, and tells us that he will not deal "harshly" with us, because we are very young, "not quite seven weeks old, so that our judgment can hardly be supposed to have yet attained its maturity." We are much beholden to him for his mercy, and his reason for it; but though our paper is only seven weeks old, we ourselves are older than he suspects in the use of "the grey goose quill." If we are only seven weeks old as journalists, by parity of reasoning, he is only a fortnight old as a medical controvertist, (old as he is in the useful though humble task of a compiler;) in his new task he is as green as he is young; for never did any man with such good materials make a worse fight than he has done with Mr. Lawrence. He has made one or two tolerable hits indeed, but they depend entirely on the weight of the metal, not on the force or precision of the fire.

He says that another reason for being "both gentle and genteel" with us is, that he wishes us to live and grow up a "strong and valorous champion against the *Lancet*;" which he describes as "a perpetual belligerent, a sort of Congreve rocket;" and adds, "like yourself he stands in need of a little wholesome advice;" which advice Mr. Cooper proceeds to offer under the following heads.

Prescription 1st.—"Never employ misrepresentation;" which, he says, we were guilty of when we accused him of inconsistency, in first telling the editor of the *Lancet* that some individuals would disdain to write for that Journal, and then, on being called to task, backing out with an awkward explanation, that forsooth it was Mr. Wakley's opposition to the "standing order of things" that had brought his effusions into such disrepute. Now if we had represented Mr. Cooper as stating what he did not state, he might fairly have

offered us this advice, but as we copied his own words with inverted commas, if we have committed any fault, it is not misrepresentation, but an error of opinion, to which however we plead not guilty.

Prescription 2d.—“Never take pieces of wit from Journals published the very morning or week preceding your own *débat*.” He then informs us that our definition of respectability is in the *Quarterly Review*.

It is true the last Number of the *Quarterly* contains an amusing account of the state of society in that singular colony, Botany Bay, and a laughable description of the grades of respectability among these reformed and rising rogues: and this led us, by the most natural process of association, to make the use we did of the definition. If the *Quarterly* produced the cap, Mr. Cooper must give us the credit of finding the head which it fitted.

Prescription 3d.—“Study *Æsop*’s Fables well, and learn the true signification of blowing hot and cold, you will then find that telling a writer that he is wrong on some points and right on others,” is not an illustration of that excellent proverb. The fact is, however, that Mr. Cooper talked in his two notes about the self-same point: in a courageous tone in the first, and if we may not say in a cowardly, at least in a very subdued tone in the second.

Prescription 4th.—Do not fancy that every “couple of medical men” who dispute about surgery must become perpetual enemies; and he informs us that on many points we may find Mr. Lawrence and him still “bosom friends.” We confess that on any less authority we should have doubted this, and it is the only one of his prescriptions which we shall swallow to avoid altercation.

Prescription 5th.—“Avoid one of the worst faults of your rival—namely, abusive attacks on individuals:” and he urges us to meet him in the “fair field of argumentation.” Mr. Cooper is mistaken if he thinks that hostility necessarily implies rivalry; a thing

may be sufficiently mischievous for the one, yet too much beneath us for the other. As to meeting him in the fair field of argumentation there is this difficulty, that he never enters it himself. Convict him of a falsehood, and he replies by calling the person who has convicted him some scurrilous name. (See our *SPECIMENS*, p. 231.) Argument is a language which he neither understands nor deals in; to meet him, we must enter not the “fair field of argumentation,” but the foul field of misrepresentation, ignorance, and ribaldry. If Mr. Cooper is so near-sighted as not to see the difference between our criticisms and animadversions, and the abuse by which the profession has been infested and degraded, no explanation of ours will be able to enlighten him.

ANALYSES AND NOTICES OF BOOKS.

“L’Auteur se tue à alonger ce que le lecteur se tue à abrégé.”—D’ALEMBERT.

Animal Mechanics. Library of Useful Knowledge.

Elements of Physics. Second Edition.

By NEILL ARNOTT, M. D., Bedford Square.

THERE has been published in the *Lancet* a parallel between these two works. It is very clearly pointed out in that article, that Mr. Charles Bell is the writer of the treatise on *Animal Mechanics*; and he is accused of having gone to Dr. Arnott’s work for the materials of his very popular essay, and of having borrowed from it without making any acknowledgments. Those who are acquainted with the literature of our profession, will scarcely require from us an exposure of the utter falsehood of this accusation. It is known to them how successfully Mr. Bell has cultivated this department of science: and besides, they are familiar with the character of that Journal in which these charges have been made. It is not on account of what the *Lancet* has said, that we deem it necessary to take up this matter, nor because we imagine that Mr. Charles Bell requires to be justified before his professional brethren, but because Dr. Arnott has not done that which we expected he would have done, *viz.* contradicted the

statements made in the *Lancet* regarding the passages that gave rise to these accusations. Neither has he explained the reason of the resemblance between his work and the treatise on *Animal Mechanics*; which appears to be simply this, that he has borrowed all his illustrations from the previous works of the author of that treatise!!! No one could blame him for taking whatever suited his purposes from those works; but when this became a pretext for uncandid men to attach blame to the author from whom he borrowed, to accuse him of being guilty of moral turpitude, at the moment that he was zealously proving the wisdom and beneficence of the Deity; of resorting to "sly insinuations of cant and of hypocrisy," and of "pretensions to piety which the speaker felt not;" the question assumed another aspect. What will our readers say, when they find that Dr. Arnott gives his authority to confirm these charges?

When we read the parallel in the *Lancet* between the work of Mr. Charles Bell and that of Dr. Arnott, we never for a moment supposed that the latter gentleman was privy to it; and if doubts have subsequently crossed our minds on this point, they are entirely owing to the tone assumed by Dr. Arnott in his second edition. He there countenances and, indeed, repeats the insinuations, stating that the "title, matter, and arrangement" of Mr. Bell's "new essay, have a close relation" to one of the sections of his *Elements of Physics*.* The "matter" we shall presently examine: as to the "title" we happen to know that it was originally very nearly the same with the title of an essay published by Mr. Bell in 1817, *Of Design, as exhibited in the Architectural and Mechanical Contrivances of the Animal Body*. This title was changed by the Society for the Diffusion of Useful Knowledge to *Mechanical Anatomy*, (see the first Prospectuses of that society,) and finally it was altered by the same body to *Animal Mechanics*.

We find there is an attempt at criticism too in this second edition, exhibiting a disposition to find fault without offering any arguments; for the doctor satisfies himself with a rude assertion of Mr. Bell's ignorance, and gives a long list of examples, in which he leaves the

ingenuity of his readers to discover what is wrong. But before we think of noticing his objections to what has been "*substituted*" by Mr. Bell, instead of that which is contained in his own book, we must explain the cause of the resemblance which he speaks of, and which it is true does exist.

I. The cranium being like a dome. In as far as Dr. Arnott's mention of the dome has any connection with animal structure, he is anticipated in the first Lecture delivered by Mr. Bell at the College of Surgeons in March, 1825; where, by a variety of drawings, he showed that the human skull was like a surmounted dome.* This illustration is familiar to all those who have attended the school of Great Windmill Street, as, indeed, is all the matter of the *Animal Mechanics*. See the account of an introductory Lecture delivered by Mr. Bell, *Lancet*, Oct. 8th, 1825, and which we remember to have heard several years before that time. It quite accords with the character of that Journal, that the writer thus stands self-convicted of falsehood.

II. The cranium or skull compared with an arch. See Dr. Arnott, p. 195. See also *Hospital Reports* by Mr. Bell, published in 1817, where the subject is treated of at great length. In the same work is a plate with drawings of a bridge and buttress, and the roof of a house, in illustration of the arch of the skull.

III. The account of the early formation of the foetal bones; their flexibility at birth; the formation of the sutures; the "*dove-tailed*" joints, "*like the work of a carpenter*;" "*the inner table of the skull harder and more brittle*," and, therefore, not admitting such union, "*its edges merely lie in contact, because its brittleness would render dove-tailing useless*." Arnott, p. 196, 197. These are the very terms used by Mr. Bell, and by no other anatomical writer. See the *Hospital Reports*, p. 486, and the annexed drawing. See also this subject beautifully illustrated in his *System of Anatomy*, vol. i. p. 111, and his Lecture in the *Lancet*, vol. ix.

IV. The skull fractured by a ball contrasted with a fracture by a heavy body; the "*blow resisted by the arched form*;" often injures the skull by what is correspondent to the "*horizontal thrust in a*

* See a long foot-note, p. 220, *Elements of Physics*, second edition.

* Those who were present may recollect the interruption created by a learned gentleman (Sir A. Carlisle) handing down to Mr. Bell, during his Lecture, the date of the building of the dome of the Pantheon at Rome.

bridge." Arnott, p. 197. All these subjects have been treated of so far back as 1817 in the *Hospital Reports*, under the title *Of the form and joinings of the skull, as illustrative of the forces operating upon it, and as proving design in what has been attributed to accidental circumstances.*

V. Of the spine; the circumstances of its elasticity depending upon its form. Arnott, p. 199. See Mr. Bell's *Anatomy*, vol. i. p. 166.

VI. In all that Dr. Arnott writes upon the spine, he has, without the slightest acknowledgment, made an abstract of the work by the late Mr. John Shaw. See Arnott, p. 200 to 205, and Mr. Shaw's works, *passim*.

VII. Of the hip-joint. Mr. Charles Bell, and before him Mr. John Bell, have made a comparison of the form of the thigh-bone with the position of the spokes of a wheel which is *dished*. See the *Principles of Surgery*, old edition, and the diagram in illustration. This too is compared in the *Lancet* with the inconsequent statement of Dr. Arnott, p. 178. It is an instance of the total incapacity of Dr. Arnott for making any application of his knowledge of mechanics to the animal frame, that he likens the *scapula* to the dished wheel of a carriage. See Arnott, p. 207.

VIII. The foundation of the Eddystone lighthouse compared with the foot.

This is impudently introduced by the words, "The author proceeds ringing changes on Dr. Arnott as follows." The laying of the courses of stones of the foundation of the Eddystone lighthouse is a favourite illustration of Mr. Bell's, while speaking of the arches formed by the bones of the foot. Dr. Arnott does not make any application of his illustration of the lighthouse. We have had it in the *System of Anatomy*, vol. i. p. 170, long before the *Animal Mechanics* appeared.

IX. Of the forms of the cylindrical bones. Here the beautiful illustration taken by Mr. Bell from Du Hamel, is supposed to be borrowed from the comparatively imperfect statement of Dr. Arnott. All the subjects connected with this have been discussed at great length in Mr. Bell's introductory Lectures. For printed authority that this has been Mr. Bell's mode of illustration, we must refer our readers to the report of his Lecture in the *Lancet*, Oct. 8th, 1825.

X. Of the muscles of the shoulder

and chest. "When the ribs are fixed these muscles move the arm, and when the arm is fixed, as by resting on a table or chair, the same muscles move the ribs, as is seen in fits of asthma and dyspnœa." Arnott, p. 206. See Mr. Bell's *Exposition of the Nervous System*, where he speaks of the respiratory nerves of the chest; his book on *Expression*, second edition; *System of Anatomy*, vol. i. p. 300, 301.

XI. Of the insertion of the muscles into the bones, and the accumulation of muscular power to compensate for the mechanical disadvantages. There is in Arnott, p. 208, a lame effort to express this idea, which we find beautifully illustrated by Mr. Bell in his *Anatomy*, vol. i. p. 427, before it appeared in the *Animal Mechanics*.

XII. Of the arches of the foot and its elasticity. See Dr. Arnott, p. 217. See also the *System of Anatomy*, vol. i. p. 69, 72, 170. Yet it is said that this is one of the illustrations torn from its true parent.

XIII. Of the comparative strength of the material of bones in animals. Arnott, p. 184. It is known to every well-informed person that this is a common speculation, and does not belong to either of these gentlemen. The only distinction must be in the handling of it.

If any one will take the trouble to turn to the passages in Mr. Bell's works, they will contrast the richness of his illustrations, arising from his perfect knowledge of anatomy, with the meagreness of Dr. Arnott's explanations. When the writer in the *Lancet* is comparing them together, he is in fact comparing Mr. Bell with himself,—but through a medium which obscures without magnifying. We deem it a fortunate circumstance, arising from Mr. Bell's active professional life, that we can trace most of the facts and sentiments expressed in the *Animal Mechanics* to some of his many published works, and need not refer to our manuscript notes of his public Lectures.

The best authorities of our profession have, of late years, swept away many apparently ingenious, but mischievous mechanical notions from the practice of medicine and surgery. We have abundant proofs in the *Elements of Physic* that Dr. Arnott is a very unsafe person to renew an alliance between mechanics and the practice of the healing art.

We find the old sucking-horn of Hildanus brought into use for a most

extraordinary purpose, being no less than to draw the child out of the womb. And we find a renewal of that most absurd idea, noticed in Parée's work, and so well ridiculed in Mr. John Bell's *Principles of Surgery*, of applying a *child's sucker* to raise depressions of the fractured skull. But where is the limit to absurdity when we find a gentleman speaking of curing strictures of the urethra by distending a bladder within that canal, and applying to it the principle in Bramah's hydrostatic press. Men who do not know that the only difficulty of curing strictures is to insinuate a very small bougie without exciting spasm or inflammation, and who have their heads full of mechanics, cannot perceive the extent of ignorance displayed by the proposal to pass an empty bladder attached to a tube into the irritable urethra.

To conclude, we do not deny that Dr. Arnott has written an agreeable, and, in some respects, a useful work, but we think that in the notes which he has appended to the second edition, he has shown an extraordinary want of tact, as they will induce people to examine into the true state of the question between him and Mr. Bell; and after the scrutiny which we have instituted above, we presume that there can be little difficulty in deciding to whom belongs the merit of originality.

HOSPITAL REPORTS.

HÔTEL DIEU, PARIS.

Umbilical Hernia treated by Ligature.

AN infant, a few months old, was brought into the Hôtel Dieu on the 12th December last, with an umbilical hernia, about an inch in width, and projecting about the same distance from the abdominal parietes. The ring was so dilated, that a finger could easily be introduced, and M. Dupuytren concurred in opinion with those who had previously seen the child, that this hernia could not be cured by a mere bandage. A great objection has latterly been made against the ligature employed in these cases, which was proposed and successfully accomplished in many instances by Desault. M. Dupuytren has operated in this way many times, and always with the happiest effect. It may have happened, occasionally, that the dilatation of the parts has been so great that

the rupture has reappeared, or that some piece of intestine may have been included within the ligature, and unpleasant symptoms have followed; but these are not substantial objections, where proper care and precautions are observed.

In this case, M. Dupuytren laid hold of the skin which covered the tumour with the fingers of his right hand, then pressed upon it, and caused the intestine to pass into the cavity of the abdomen: a ligature was then drawn round the portion of skin. The child cried violently for a few moments. Compresses were then placed upon the tumour, and the whole supported by a bandage passed round the body. The mother was directed to bring it back to the hospital at the end of a fortnight.

Paris, December 25.

HÔPITAL BEAUJON.

M. RENAULDIN, Médecin en Chef.

Intermittent Fevers.

THE treatment is the same for all patients: at the beginning six grains of sulphate of quinine in three pills, one every hour, in such a way that the last is taken two hours before the fit. This is continued until two paroxysms have been omitted; then it is continued eight days, gradually diminishing the dose: full diet. During the last year, 1827, one hundred and eighteen patients with intermittent fevers have been received into this hospital. The mean duration of their stay has been thirteen days. These fevers were most common in summer, less so in spring, less still in autumn, and least of all in winter. This agrees little with the common opinion, which assigns the autumn and the spring as the two seasons the most favourable to the development of these diseases. The seasons influence not only the number, but the type of these fevers. In winter the quartan fevers predominated, while they diminished, not only in proportion but in number, in the spring and autumn; and in summer, when intermittent fevers are most common, the quartan fevers have not shown themselves. The quotidians, which occupy the last rank in winter, have the first in summer. The tertian fevers predominate in the spring. In almost all the patients the cause of the disease displayed itself in their profession or habit-

ation, *viz.* one or both being exposed to humidity. Among those who came from the environs of Paris, thirty-five at least inhabited damp spots, Sevres, Boulogne, Chaillot, Auteuil. The construction of the bridge situated facing Auteuil produced a great number of intermittents in 1826; and in the beginning of 1827 this village was so much infected, that a kind of sorcerer settled there, and pretended to drive away the disease by means more ridiculous than dangerous. Those patients who came from Paris inhabited dark, damp streets, or near the borders of the Seine, Rues Montorgueil, de la Coutellerie, Saint-André-des-Arts, &c. The professions are chiefly those of washerwomen, builders of terraces, day-labourers in the port, domestics living habitually in dark, ill-ventilated chambers, in stables, and underground kitchens. As several of these professions are followed by men, we see why they are most subject to intermittent fevers. Two patients only had enlargements of the spleen, which were soon removed by a few leeches to the part. Such are the results of the experience of one year at one hospital. All the patients were perfectly cured, most frequently the first or second paroxysm after the sulphate of quinine.

Paris, January 12, 1828.

FACULTY OF MEDICINE.

M. Andral, jun., the first of the candidates presented by the Faculty of Medicine for la Chaire d'Hygiène, has just been nominated professor.

ST. GEORGE'S HOSPITAL.

Rheumatic Inflammation of the Thigh and Knee, terminating in Ulceration of the Cartilages of that Joint.

Two cases, presenting almost precisely the same symptoms and appearances upon admission, have occurred at this hospital. The one has terminated fatally, the other is at present under treatment, and it remains to be seen whether the result will be equally unfortunate.

CASE I. *Sarah Holder*, æt. 22, was admitted July 26th, 1827, under the care of Mr. Brodie, with swelling extending from the upper part of the right thigh over the knee, for some little distance down the leg. This swelling was by no means circumscribed, but its principal seat was evidently in the lower part of the thigh and knee, above and below

which it gradually passed away. It was tense, elastic, exquisitely painful on pressure, and of a glossy white, looking as bloodless as the limb of a statue. She could not bear any motion of the knee, but still the pain excited did not appear to be so much in the joint itself, as in the parts around and about it. The pain and swelling had attacked her suddenly the day before, without any precursory shivering or feverishness whatever. She had received no injury to her knowledge, nor had she been particularly exposed at the time to wet or cold. She had, however, been subject for a month or more to rheumatic pains in the elbows and shoulders, and was leading a life of prostitution.

The skin was hot and dry; tongue coated, and brownish in the centre; pulse 84; bowels confined; countenance expressive of much suffering.

The local treatment consisted of an alternation of leeches and blisters; the constitutional, at first of saline purges with antimony, and, after a few days, the exhibition of calomel and opium, until the mouth became affected. Under this plan the pain was considerably relieved, but never fairly dissipated, whilst the swelling of the upper part of the thigh and leg almost entirely subsided. In this state she was removed with the other patients to the opposite side of the house, in consequence of some arrangements connected with the new hospital, soon after which she was seized with shivering and feverishness. The swelling of the knee and parts around increased, and the pain was greatly aggravated and much more concentrated about the joint. On looking over our notes, the symptoms at this time (latter end of August) very much resemble those laid down by Mr. Brodie as marking incipient ulceration of the cartilages, but it would be spinning out the case too much to introduce them here. There were hectic symptoms, and the constitution now began to suffer materially. She was kept gently under the influence of mercury, and a succession of blisters was applied to the knee. On the 6th of September the calomel was omitted, in consequence of violent purging and griping, and it was never afterwards resumed. It would be tedious to follow up the details of the case *de die in diem*; suffice it to say that the Pil. Saponis \bar{c} . Opio, blisters, leeches, belladonnâ fomentations, belladonnâ plasters, and lastly a caustic issue to the knee, were employed,

sometimes with temporary relief, sometimes without. In spite of every measure, the disease in the joint went on from bad to worse, the patient could not endure the slightest motion, or the slightest pressure on it, and her sufferings were so excessive that her screams could be heard from one end of the ward to the other. An ulcer formed over the sacrum and somewhat relieved her; for in proportion as this got worse, the pain in the knee got better. But she now became affected with great pain in the left shoulder: she grew delirious at nights. On the 15th October bilious vomiting and diarrhoea, with great tenderness of the abdomen, came on; and at 7 P.M. of the 16th she died, fairly worn out with suffering.

Dissection.—On cutting into the knee-joint, not a particle of purulent matter was found in its cavity, but the cartilages of the condyles of the femur (particularly the inner one) of the head of the tibia, and of the patella, were in a state of ulceration, exposing the cancellated structure of the bone beneath. An incision was made into the thigh, but its tissues were unaltered, there being no thickening whatever of the periosteum. We have since learnt, however, for we did not see it, that this membrane was very easily separable from the bone, which was much more vascular than it should be.

CASE II. *Sarah Mooley*, æt. 37, was admitted December 12th, 1827.—On the 1st of the month she was seized with much pain in the left knee, which swelled a good deal in the course of that night. During the whole of the next day she suffered considerably, and in the evening was attacked with shivering and feverishness. She now applied a poultice and fomentation, and on the 4th was seen by the parish surgeon, who ordered eight leeches to the knee, and gave some medicine internally. Nothing farther of any consequence was done until her admission, when she was seen by Dr. Pearson, who ordered her some opening medicine, &c. On the 14th she was turned over to Mr. Keate, and then it was that we first saw her. It would really be a mere repetition of what we stated concerning *Holder* on her admission, were we to detail minutely the appearances of the limb at this time. There was the same diffused swelling, still however concentrated about the knee; the same want of œdema; the same exquisite pain on pressure at any

part, or motion in any way. The limb, as in the former instance, had that peculiar opaque and marbled whiteness, which made it look as if it belonged to a statue rather than a living person, but the integument was neither so glossy nor so tense. There was great pain, independent of pressure, shooting from the knee down to the toes, and up to the groin; it was not aggravated at night; it was worse when the limb was hot.

The patient was a washerwoman, and of an extremely delicate, scrofulous aspect; appetite bad, pulse quick and irritable, countenance flushed and anxious. Leeches, lotions, &c. were employed, and on the 17th she was ordered calomel and opium, with

Mist. Camph. ʒiiss. Vin. Colchici ℥. xxv.
Mag. Carb. grs. viij. bis die, Haust. Anodyn.
nocte.

The limb now became more inclined to be œdematous, and on the 18th we took the following notes. Swelling of the thigh perceptibly diminished, whilst the leg is swollen down to the instep, and is distinctly œdematous. Excessive pain on touching any part of the limb, indeed she will not bear it. Tongue dry and chapped; mouth parched; pulse quick and hard; much anxiety of countenance.

On the 21st the calomel and opium were omitted, and she was ordered

Hirud. xij. genu. Cal. gr. ss. Pulv. Ip. comp.
grs. v. 6ta. quaque horâ. Inungatur fem.
Lin. Ammon. fortius.

—The leeches were repeated on the 24th, 28th, and 31st, and a lotion containing two drachms of the Tinct. Belladon. to the pint kept applied to the limb.

Jan. 4th.—Has been improving until this morning, when she felt a great increase of pain in the knee. The bowels are much relaxed.

Omitt. Cal. et P. Doveri.

14th.—Leeches have been again applied, and she has been taking the Haust. Sal. with Vin. Ant. and Mag. Sulph. for the last week. In consequence of excessive nausea the medicine is to be omitted. She is suffering excessively this afternoon from the pain, which shoots from the knee up and down the limb. She gets little rest at nights, but has no very decided hectic symptoms. Her state at present is certainly far from promising, and she bids fair from the similarity of symptoms, of constitution, and even of *personal appearance*, to fall into the same state as the other un-

fortunate patient did before her. We shall not forget to lay the conclusion of the case, whatever it may be, before our readers.

Mr. Brodie, in a Clinical Lecture which he delivered upon Holder's case, observed that he considered it as rheumatic inflammation of the cellular tissue of the thigh generally, and of the periosteum. He had met with symptoms precisely similar in a page in a nobleman's family, which were cured by calomel and opium. That these remedies had not the same power in either of the above detailed cases is to be regretted, but scarcely to be wondered at, when we consider the difference of constitution and modes of life.

ST. THOMAS'S HOSPITAL.

Retention of Urine. Operation.

HENRY HOSKIN, æt. 32, a sailor, admitted December 31, 1827, under Mr. Green, in robust health, caught, six weeks ago, a virulent gonorrhœa, for which he has taken a small quantity of medicine, which merely proved aperient. He continued his intemperance, and about a fortnight before admission, the gonorrhœal discharge somewhat diminishing, the stream of urine was observed also to decrease, gradually becoming less, till yesterday morning, when the gonorrhœal discharge entirely ceased, and with it, the power of voiding the urine, even in drops.

A gentleman early on the morning of his admission attempted to pass a catheter, without success, but probably ruptured the urethra; the attempt being accompanied with urgent pain, and followed by considerable hæmaturia.

When admitted, four o'clock P.M., had passed no urine for forty hours; the attempts to do so very frequent and urgent; considerable swelling at lower part of abdomen; great tenderness and tension, with constant sense of "burning" in region of bladder; great thirst; hot and dry skin; anxious countenance; quick and hard pulse; constipation of bowels.

Immediately placed in a warm bath for one hour and a quarter, and forty-eight ounces of blood abstracted, which produced fainting, when a gentle attempt was made to pass the catheter, but spasm being induced, and hæmaturia returning, it was not persevered in. On

leaving the bath about a quarter of a pint of urine was passed.

Ord. R. Ol. Ricin. ζ ss. Tinc. Opii. sedativ. mxx. statim sumendus.

January 1st.—Somewhat better; continued passing small quantities of urine, till three o'clock this morning, when he fell asleep, and none has since passed: less tenderness and tension of abdomen; bowels freely open; pulse more compressible.

Vesp.—Has passed no urine since morning; inflammatory symptoms increasing.

Warm bath and draught repeated.

The symptoms becoming more and more urgent, at one o'clock A.M. (January 2d) Mr. Green was sent for, and at two proceeded to relieve him by operation.

Having placed the patient as for lateral operation of stone, Mr. G. introduced a male catheter down to a slight permanent stricture, which existed just where the urethra contracts at the bulb. He then made an incision about an inch and a half along the raphe, not quite so high, however, as to reach the catheter, as that could not be effected without dividing part of the scrotum, which was unnecessary. Having found the urethra, he attempted to pass the catheter forward into the bladder, but finding this impracticable, a female catheter was introduced through the opening, and a considerable quantity of urine drawn off. The male catheter was then carried by the side of the female catheter into the bladder, where it was permitted to remain. A rather large vessel was divided during the operation, and it was necessary (it being too deep seated to secure by ligature) to restrain the hæmorrhage by pressure, which was continued one hour and a half.

Merid.—Better; but some inflammatory symptoms remaining.

Ord. V. Sectio. ζ xvj. Ol. Ricin. ζ ss. lotus papaver.

After this it is unnecessary to continue any diurnal detail; the catheter was continued in the bladder; urine flowed freely through it; the inflammatory symptoms subsided; the wound gradually healed; and he is now, January 19th, fast recovering; the wound is nearly healed, and the catheter removed; care being taken, by occasionally introducing it, to keep the bladder relieved.

In some remarks on the above case,

Mr. G. observed that it presented a fair specimen of his treatment of spasmodic, combined with some degree of permanent stricture. 1st. The production of fainting and *very gentle* attempts to introduce the catheter. 2dly. If unsuccessful and inflammatory symptoms are present, (which he considers a good criterion as to the necessity for it,) at once proceed to the operation. 3dly. The operation itself.—There are two conditions of parts for which he prefers operating in the perinæum, *viz.* when there is a severe permanent stricture, or extravasation. In this case it will be observed there was neither: the stricture was slight, and might have been relieved by bougies; but it being very probable a false passage had been formed before his admission, (and if so, bougies could not have been employed with security,) Mr. G. considered it as sufficient to direct his choice. He prefers making his incision along the raphe, from the comparative facility with which the urethra may be found, which at best, without the guidance of a staff, is accomplished with some difficulty.

Paralysis from Injury to the Spine.

Henry Cooper, æt. 35, admitted Dec. 6th, 1827, under the care of Mr. Green, King's ward. When admitted, there was complete loss of motion and sensation of the lower half of the body, from a line extending round the superior part of the scrobiculus cordis to about the centre of the spine; the sensation gradually increasing from such imaginary line upwards for about three inches, till it became perfect. Partial loss of motion, but perfect sensation in upper extremities. Respiration difficult, and performed almost entirely by the diaphragm, though there was a trifling action of the intercostals. Head apparently fixed; considerable pain being produced in the neck by the slightest attempt at moving it; shooting pain in head and neck, but no fixed pain any where. Retention of urine. Constipation of bowels. The temperature of *every part* of the body somewhat above natural standard.

These symptoms were, it appeared, occasioned by a twenty stone sack of flour falling from a height of eighteen feet five days before, on the superior part of the dorsal and the cervical portion of the spinal column, which of course threw him violently on his face, and on

being raised, the paralysis was observed: since then he has been bled from the arm twice, his urine drawn off, and bowels somewhat evacuated by injections. On carefully tracing the spinous processes, no irregularity could be perceived, but considerable pain was produced by even gentle pressure on the lower cervical and upper dorsal vertebræ, which he described as "shooting violently up the neck and through his head."

Cupping to 16 oz. near seat of injury.

Pulv. purgam stat. sum.

7th.—The urine has been thrice drawn off: it is plentiful, highly ammoniacal, and presents numerous flakes of mucus. Bowels are still costive; in other respects the same.

Pulv. Scammon. c. Calom. gr. xv. statim sumend.

8th.—An enema was administered last evening, and the bowels have been relieved. Urine continues highly ammoniacal, and has still a copious mucous sediment without blood. The bladder well washed out to-day, by Mr. Green's direction, with tepid water, (by Read's syringe,) till no ammoniacal odour could be perceived: a small quantity of clear water was then permitted to remain, which, on being drawn off, presented undoubted traces of ammonia; as proved, not only by the odour, but the usual chemical tests. It has been said that this morning there was some returning sensation in lower extremities, but this will probably admit of doubt.

Cupping repeated. Repet. Pulv. Aper. stat. sum.

9th.—No sensation in lower extremities, nor relief to any symptom; appears indeed more restless and anxious; complains of pain in neck, (not urgent,) and dull pain in head. Temperature of extremities continues as on admission.

It is useless continuing the diurnal detail farther; he was cupped again on the 10th, but gradually became worse. Difficulty of respiration increased. The urine became more and more offensive, and within the last few days dribbled from the bladder. Constant restlessness. Expression of anxiety in countenance, and on the 23d December he died.

Sectio Cadaveris.—The crura of arch of seventh cervical vertebra completely broken through; a small coagulum of blood between the arch of first dorsal and dura mater. The body of seventh

cervical fractured transversely, and the right inferior oblique process detached from corresponding process of the first dorsal vertebra, and thrown forwards near half an inch. Corresponding to the seat of fracture, the dura mater was morbidly vascular, the pia mater highly turgid with blood, and the cord itself completely softened. The examination did not, unfortunately, extend farther.

Mr. Cline, jun. appears to have been the first who boldly endeavoured to relieve the hitherto almost universally fatal cases of fractured vertebræ with depression, by cutting down upon and removing the arch; an operation which, since his investigations, has been twice performed by Mr. Tyrrell* at St. Thomas's hospital, but without success. These failures, however, appear to have been independent of the operation, and dependent, in a great measure, on the disorganization of the mucous tissue of the bladder, produced by a curious state of the urine; we believe, invariably found consequent on these injuries. We allude to its being ammoniacal, and it is in a great measure for the purpose of noticing this circumstance, that we have related the above case; for although the practice of Cline could not have been adopted with propriety in it, there being no irregularity of the spinous processes to be detected, although Mr. G. strongly suspected more than concussion, still the same phenomena were observed in the urine; and had an operation appeared advisable, and been performed, the same unfortunate result would, in all probability, have obtained; providing more efficient measures than have hitherto been adopted to prevent mischief in the bladder had not been resorted to.

Messrs. Cline and Tyrrell have acted on the principle, that the urine is *decomposed in the bladder which has lost its nervous influence*, and that, consequently, if the urine is removed several times a day, this decomposition will be prevented, and the bladder escape. But is the theory correct? or, is the practice founded on it successful? Both may be unhesitatingly answered in the negative; after the experiments detailed in Dr. Johnson's Review, (April, 1827, p. 605,) of which the one directed in this case by Mr. Green, at the request of the same pupil, is a counterpart.

The experiment is as follows. The urine was observed to be highly ammoniacal when drawn off: "the bladder was then washed with warm water, injected and withdrawn till no trace of ammonia could be perceived; a small portion of clear water was then thrown in, and permitted to remain some time, and on removing it decided traces of ammonia were perceptible." *Sufficient time not being afforded for decomposition, it is evident the urine arrives ammoniacal from the kidneys.* We then perceive that ammoniacal urine is *constantly* arriving at the bladder, but is only removed *occasionally*; hence it remains hours in contact with the mucous coat, stimulating and ultimately destroying it. Whereas the above experiments would direct us to employ some measures calculated to keep the bladder as nearly empty as possible, and, if practicable, to neutralize and render inert the little that may remain. The former appears most likely to be effected by a catheter being constantly worn, armed with cotton, so as to empty the bladder by capillary attraction; and for the latter indication it is a curious fact, that a weak solution of the chloruret of soda does not act as an irritant on a mucous tissue, and has the power of completely neutralizing ammonia and rendering it innocent.*

ST. BARTHOLOMEW'S HOSPITAL.

Lepra cured with small Doses of Mercury.

DECEMBER 14th.—Mary Sampson, a fine healthy child, about six years old, came into the hospital about six weeks since, under Mr. Vincent, with lepra of four or five months' standing. It began on the arms and legs, and the spots have been increasing in size and number till the time of her admission, several of the smaller ones running into one another. The extremities are as usual the principal seat of the disease, the spots being very large and numerous, especially on the calves of the legs, and have all the character of lepra vulgaris. On her admission she was ordered

Hydrarg. c. Creta, gr. v. nocte et mane, et Balneum Tepidum bis hebdom.

On the 28th December, a fortnight after her coming in, the scales were fast

* Vide Sir A. Cooper's Lectures by Tyrrell.

* Vide Allcock on the Chlorurets of Soda and Lime.

falling off, leaving the bases much less elevated than before. The medicine was ordered to be taken three times instead of twice daily. At the present time, January 20th, where the spots had been, nothing remains but a slight redness, with scarce any elevation. The scales are completely gone, and she may, in fact, be considered as cured, but how long she will remain so is doubtful, for it is well known how obstinate these cases are. Dr. Gregory, with much justice, calls lepra the opprobrium of medicine.

Although this case has terminated favourably by help of mercury, it is doubtful how far the cure is to be attributed to a specific action of this medicine, or whether the same success might not have attended the employment of any other alterative medicine; for it was apparently in this way only that it acted, there never having been the slightest mercurial effect produced during its exhibition, and large quantities of this mineral have been frequently given with very little benefit. Indeed, salivation seems in some instances rather to have aggravated than relieved the disease: but we must not find fault with a successful remedy, and we only make these remarks to prevent any misconception with regard to its action.

Phagedæna treated with Mercury.

C. D., a miserable, squalid looking woman, about thirty years of age, was admitted under Mr. Vincent, on the 3d January, with an extensive ulceration on the inside of the right thigh, close to the pudendum. The sore was about five inches in diameter, and had a red, glossy appearance, much like a granulating wound sometime exposed to the air: the edges were defined and smooth, and the diseased process had apparently stopped. From the aspect of the wound then it was difficult to say exactly what might be its true character, but as far as an opinion could be formed, it would seem to have been phagedæna; and this was confirmed by there being a crust on the right angle of her mouth, of that peculiar nature, with the red, angry-looking base which distinguishes secondary phagedæna: the history of the case also bore testimony to this opinion. She says that, having been for a long time exposed to great wretchedness and want, about two months ago a small pimple appeared about the centre of the part now affected, which

rapidly spread into a painful wound, accompanied with fetid discharge, for which she was treated in the work-house with poultices, but she does not know that she took any mercury there. Her general health is very bad; she has a foul tongue, a small but quick pulse, with loss of appetite and sleep. Her bowels were opened with house medicine, and the wound poulticed.

On the 4th, things being much in the same state, she was ordered to fumigate twice daily, and to take five grains blue pill night and morning. This process was continued for some days with evident improvement to the wound; the mouth did not, however, become sore.

On the 12th she left off the mercury, and took Decoct. Sarsæ. c. Extract. ejusdem. The wound was at that time much improved; the sore on the face was nearly the same, and her general health somewhat amended.

19th.—She is much better. The sore has diminished to about a third of its former size. The scab on the face has fallen off, and there is a nasty sore remaining. Pil. Hyd. gr. v. Ext. Opii gr. ¼, and to resume the fumigations, which had been left off for some days.

Our reporter remarks:—

If we were to offer an opinion on this case, we should hardly be inclined to agree in the mode of treatment. It certainly is against experience to treat phagedæna with mercury; and although it may in some cases succeed for a time in stopping the progress of the disease, it generally fails in the end. There is, no doubt, a great difference between the internal administration and its external application in the form of fumigation, when it is certainly sometimes exceedingly efficacious provided it be administered with caution; but should it be carried so far as to affect the mouth, the chances are that the wound will become even worse than it was before, and the patient's health will be materially injured. When taken internally, however, its specific effects are much more rapid, and the damage is generally greater. Even when it is only used so far as to keep up a gentle mercurial action, as the phrase is, which was Mr. Vincent's intention, we believe, in this instance, it generally does more harm than good eventually. It is true that there are some forms of the venereal disease in which a gentle course of blue pill, or the oxymuriate, is exceedingly useful, and that even after mercury has

been given to a great extent in the previous stages of the disease; but as phagedæna seems to be quite a distinct disease, depending almost entirely on a different cause, and requiring completely different treatment, even in the case before us, the mercury evidently did no good to the sore on the face, it seems rather to be worse than better since the patient has been in the house. But we have yet to see the termination of the case, which shall be given in a future Number, and we may perhaps have reason to alter our opinion.

GUY'S HOSPITAL.

Case of Hydrocele successfully treated on Baron Larrey's plan.

BENJAMIN HUNT, æt. 32, a blacksmith, of robust and healthy temperament, was admitted into Guy's Hospital, Dec. 6th, under the care of Mr. Key. About twelve months ago, while working on board ship, he states that he received rather a heavy blow near the internal abdominal ring; pain and tenderness succeeded, extending down in the course of the spermatic cord, and lasting for several days. About a fortnight from the time of the accident a swelling made its appearance on the anterior part of the testicle, which has since continued progressively to increase. The tumour has now attained a very considerable size, and exhibits all the characteristics of hydrocele. Ordered

Haut. Sennæ, h. s. s.

Dec. 8th.—The tumour was tapped in the usual manner for hydrocele, and about twenty-two ounces of fluid were drawn off. A common gum elastic catheter was then introduced through the canula into the tunica vaginalis, and secured by means of adhesive plaster, the canula being at the same time withdrawn.

10th.—Considerable inflammation has been excited in the tunica vaginalis; there is severe pain in the testicle, extending up along the cord. The effusion which has taken place into the tunic has lost the characters of serum, and is of a gelatinous consistence.

11th.—The catheter was removed.

20th.—The catheter having been rather prematurely taken away, a fresh secretion of serum has taken place into the tunica vaginalis; in consequence of which Mr. Key has deemed it necessary

to repeat the operation, which was accordingly done precisely as before.

The catheter was allowed to remain till the 23d, when decided symptoms of inflammation having manifested themselves, it was withdrawn. From this time the patient has gone on well: considerable effusion of cohesive matter took place into the tunica vaginalis, so as to cause its entire obliteration, and give it a firm and indurated feel. This effusion has been gradually absorbed, and on the 21st of January he was discharged, with no other complaint than a trifling degree of hardness in the tunica vaginalis.

Case of diseased Bursa Patellæ similarly treated.

Mary Simmons, æt. 22, was taken into Guy's Hospital, Dec. 6th, under the care of Mr. Key. She has lived in the occupation of housemaid, and from the nature of her employment has been much accustomed to kneeling. States that about four years ago she first perceived a small, soft, and elastic tumour on the anterior part of the knee, which has been preceded for some months by pain and tenderness in the part. It has gone on progressively increasing, until now the swelling is about the size of the egg of an ostrich, soft and fluctuating, occupying the anterior part of the knee, and extending down the ligamentum patellæ: it is free from pain, and has never prevented her from attending to the duties of her situation. Ordered

Haut. Sennæ.

Dec. 8th.—A trocar and canula were introduced into the most depending portion of the tumour, and about three ounces of fluid were drawn off, which was of a reddish yellow colour, and rendered slightly opaque by the application of heat. A gum elastic catheter was then introduced into the cyst, a roller was applied around the joint, and the part ordered to be kept cool by evaporating lotions.

11th.—Considerable inflammation has been produced, there being much pain and tenderness in the knee.

20th.—The catheter was removed, and a roller applied tightly around the knee.

26th.—A small swelling still remains on the fore-part of the patella, but it is of a firm consistence, and has no sign of fluidity. Pressure and the application of the Emp. Ammon. c. Hydrarg. were sufficient to remove this, and on the 21st she was discharged cured.

PROCEEDINGS OF SOCIETIES.

MEDICO-CHIRURGICAL SOCIETY.

Tuesday, January 22.

MR. TRAVERS IN THE CHAIR.

AN interesting case was communicated by the President, in which a large quantity of fluid had been removed from the thorax by tapping; the patient, however, died a short time after, when the disease was found to depend upon fungus hæmatodes of the lung. A similar case was mentioned as having occurred at St. George's Hospital last year, under the care of Dr. Hewett.

HUNTERIAN SOCIETY.

January 9, 1828.

MR. TRAVERS IN THE CHAIR.

THE minutes of the former meeting having been read, the attention of the Society was directed to ulcerations of the tongue. A case was related in which venereal poison had been applied to the part. About a week or ten days afterwards a pimple appeared and proceeded on to ulceration. The ulcer extended, and six weeks elapsed before an application was made to any medical man. The ulcer, at this time, put on the appearance of sloughing phagedæna. It occupied the anterior quarter of the tongue, and was surrounded by a reddish-black inflammation. The pulse was full, and therefore ten ounces of blood were withdrawn. Dilute nitric acid was applied to the ulcer, and the quinine with aperients administered. The next day there seemed to be some amendment: the day after the slough was separating at the edges; but on this day (January 9th) he was not so well. The gentleman who visited this patient viewed the ulcer rather as resulting from irritation than from the absorption of poison.

The President had seen many instances of venereal ulceration of the tongue which got well under the use of mercury. The ulcers were ragged and inclined to be phagedænic. He had never seen an instance in which he could regard them as primary.

Mr. Hooper recollected a case he attended some years ago with Mr. George Young. The ulcer was rough and ragged, but circumscribed, resembling a defined venereal ulcer, and Mr. Young regarded it as a primary chancre.

Mr. Key had seen two or three cases resembling that related, but had not been able to trace them to any venereal source. One of these patients was a youth fifteen years of age, who, so far as Mr. Key could ascertain, was remarkably backward in venereal excitement, and certainly had no sign of bone, periosteal, or skin affection. He recovered under the use of the oxymuriate of mercury. In ten months he was again the subject of a phagedænic ulcer, and got well by using Plummer's pill and sarsaparilla, and by applying to the ulcer a solution of nitrate of silver in the proportion of ten grains to an ounce of water. The youth had a small enlarged gland under the jaw. The second case occurred in a man fifty years of age, and the ulcer commenced in the same way as in the boy. He had not had any venereal affection, except gonorrhœa, and that was five years before. He lost half the tongue. Mr. Key also adverted to a case of ulcerated tongue now in the hospital. The ulcer is extensive and occupies the back of the tongue. The greater part of it has the appearance of a common sore, and heals; but there is a spot of a truly carcinomatous character, and this does not heal.

Mr. Travers had seen many cases like those related by Mr. Key. According to the age of the patient, he said, these ulcerations were set down as lues or carcinoma. As a local application he found the linimentum æruginis very useful, and internally sarsaparilla with Plummer's pill; sometimes they get well under the treatment alluded to beyond expectation.

A paper was read by Dr. Benjamin Babington, detailing the particulars of an anomalous affection of the skin. The case was attended by his father (Dr. Babington) and Mr. Saner. The patient was a boy fourteen years of age, and generally enjoyed good health. He was suddenly seized, on Thursday, November 29, with soreness of the throat and inflammation of the eyes. An eruption appeared in the face like that of scarlatina, and was accompanied with considerable pyrexia. When seen in the evening the eruption on the chest and arms resembled that of rubella; but the youth had neither cough, sneezing, nor headach. The scarlet blush remained on the face.

On Saturday, the 1st of December, the face and body were covered with a

continuous purplish red efflorescence. On the extremities the eruption was not so uniform, and might, in those parts, even in this stage, have been taken for measles. It was of a more dusky colour on the face than elsewhere. The throat exhibited a purplish blush, but there were no ulcerations. The tongue was coated although moist. The pulse was 120. There was neither rigor, pain in the head, nor confusion of intellect. At this period a number of vesicles appeared on the thighs, legs, and arms, from the one-sixth of an inch to two or three inches diameter. The largest was under the chin, pendulous and containing half an ounce of fluid. On Sunday he was rather better, but on Monday it was observed that the vesicles increased both in number and size. The left thigh, on this day, had the complete scarlet blush; on the body and arms there was the appearance of measles, with partial patches of erysipelatous inflammation. On the 4th, incrustations were observed about the eyelids, mouth, and alæ nasi, and the eruption on the chest and body was fading. Large blebs remained on the thighs, but in those which had burst the skin looked red and healthy underneath. From this time he gradually got well. The fluid collected from the blebs was found to coagulate by heat, but not so firmly as serum of the blood, though apparently much thicker, resembling, in colour and consistence, olive oil.

The paper concluded with some interesting remarks on points in which the case differed from those eruptive disorders to which it bore some resemblance, *viz.* scarlatina, rubeola, erythema, erysipelas, pemphigus, and pompholyx.

Dr. Conquest stated that an old and intelligent practitioner had recently remarked to him that all the cutaneous diseases that had fallen under his observations of late had assumed peculiarities of character. After various other remarks by the gentlemen present, the Society adjourned.

MEDICAL SOCIETY OF LONDON.

January 21.

DR. HASLAM, PRESIDENT, IN THE CHAIR.

THE discussion of Mr. Searle's paper on Parturition was resumed, but without leading to any result that would be interesting to our readers.

WESTMINSTER MEDICAL SOCIETY.

January 19.

DR. BARRY IN THE CHAIR.

THIS evening a paper was read by Mr. Douchez on "a cause and mode of treating curvature of the bones of the lower extremities of children, with some observations on the cause and treatment of ricketts." This curvature, which the author considered as differing from ricketts in several respects, he has found conjoined with a considerable enlargement of the abdomen; and his object was to prove that the *giving* of the bones depended upon the additional superimposed weight, and might be removed by means calculated to diminish it. With this view he detailed four cases which had been treated by him with success. These cases we need not relate at length; suffice it to say, that the *methodus medendi* consisted in rubbing into the abdomen a weak iodine ointment (one scruple of the hydriodate to an ounce of lard;) in keeping the child off its legs, but not in bed; and in attending to the state of the stomach and bowels, by occasional doses of rhubarb, by Hydrargyrus c. Cretâ, &c. Mr. D. made some farther observations upon the connection between scrofula and ricketts, and upon the administration of the phosphates of lime in this latter complaint.

An anomalous case, of what was called "simulated affection of the hip-joint," was then related by Dr. Duffin, and a somewhat desultory discussion ensued. Mr. Hunt is to bring forward the subject of *Delirium Tremens* to-night.

EXTRACTS FROM THE PORTFOLIO OF A READING DOCTOR.

BLUMENBACH'S MANUAL OF NATURAL HISTORY.

(Continued.)

Page 85. *The Hedgehog.*

The Cossacks on the Don have domesticated the hedgehog for his mousing qualities.

Page 87. *The Mole.*

The mole has amazing large genitals, and Buffon has a passage in which he appears to wish himself a mole merely for this reason. Buffon was a Frenchman. There are a couple [of lines in

Wieland's —, put into the sparrow's mouth, alluding wittily enough to this libidinous wish of Buffon.

Page 95. *The Bear.*

Saw an embryo bear, most delicately formed. Bears seldom attack a man, and when they do seldom bite, but use their paws, and squeeze and buffet, and very commonly, by a most ingenious manœuvre, completely scalp their adversary. One does not unfrequently meet a Kamschatkan thus scalped. Smorgonia, in Lithuania, is the great place where bears are taught to dance. Bears have, next to apes, in many respects more than ape, a resemblance to man. Blumenbach told us a most amusing story of a show, in which an animal was advertised of an unknown species, but which Buffon, who was asserted to have seen it, pronounced to be a man. This was rather believed by the owner, from his repugnance to have his breeches taken off. Blumenbach went, and saw by the side of a heated stove, although it was hot weather, a strange figure, with a board before him, as if for support, in a husar's dress, with enormous ruffles, and under pretence of his biting, a great muffle about his mouth. Buffon immediately perceived that it was a bear, but in examining his breast found it white and hairless. In short, it was a shaved bear. Buffon whispered to the man, frightened him, and procured in the evening to see him in his nakedness, he was taken out of his clothes, not his clothes from him, his cloak having been nailed to the wall behind him, in order to keep him upright, and Buffon was astonished to see the likeness in the habitus totalis to man.

Page 97. *The Dog.*

Leonard Solikoffer, a Swiss nobleman, who went to Paris on the conclusion of the Swiss union as ambassador, had a large dog, whom on his departure he had ordered to be shut up for eight days. The dog was so, yet at the end of eight days traced his way to Paris, (400 miles,) and on the day of audience made his way all covered with mud, and leaped up mad for joy upon his master. In the family castle at Thuringia, there is a painting of the story. The dog is the only animal that dreams; he and the elephant the only animals that understand looks: the dog is the only quadruped that has been brought to speak. Leibnitz bears wit-

ness, in his *History of the Academy of Sciences at Paris* to a hound in Saxony, that he could speak distinctly thirty words. A friend came to Moraut, the famous French surgeon, and entreated him as a mark of friendship to attend his hound who had broken his leg. Moraut cured him, and in about four weeks after, as he was at breakfast, heard a whining and scratching at his door, and on opening it beheld his old patient with another dog, who had broken his leg; making signs to be healed. Dogs are put to an amazing variety of uses. In Otaheite they are fattened on bread-fruit for eating; in Kamschatka they are used for drawing sledges; in Upper India for beasts of burden, as mules and packhorses; by the Jesso islanders for fishing. Blumenbach rather thinks that all the varieties of dogs do not come from one original sort.

Page 102. *The Lion.*

The tame lion that was four weeks in Rubens's chamber, and from which he took so many famous drawings, afterwards at a country fair, seized with rage, threw down his keeper; he was shot, but as the shot reached him he tore the man asunder.

Page 105. *The Cat.*

The cat has two membranes in the larynx, by means of which she purs. A plague raged about two years ago throughout Europe among the cats; at Pavia, a commission of physicians examined and gave a report thereon. It was a nervous fever, and wine and Valerian the best remedies.

Page 106. *The Horse.*

It cannot be proved what is the native country of horses, but it can be proved, historically, that Arabia is not. When the stallion is put to the mare a notary attends, and prepares a legal instrument, and again another when the mare foals. These two instruments are always sold with the horse. Blumenbach saw at Gottingen a horse of a bluish colour, but entirely hairless, so that even by a microscope you could discover not one over the whole body; it came from Belgrade, and was in shape a beautiful animal.

Page 108. *The Mule.*

A mule was produced from Lord Clive's she zebra; a he ass was frequently put to her, but she always maddened with indignation. At length,

some one suggested the idea of painting the ass, so said, so done; the ass was painted in a masterly manner, and the masquerade lover gained his point without difficulty. The zebra was fecundated. The mule was a true mule, but streaked finely zebra fashioned.

Page 109. *The Camel.*

The camel is not only fitted for the deserts, but by the exquisitely tender ball in the sole of its feet is rendered unfit for other soils; as if nature had determined that it should be confined to the deserts, which would be wholly useless without the camel. What is called camel-hair, of which they make pencils, is from the Angora goat, called the kemmel.

Page 112. *The Gazelle.*

The gazelle is hunted at once with falcons and greyhounds. The greyhound is not quick enough; but the falcons fix on it, attack its eyes, and so retard it till the greyhound can come up, and seize it.

Page 117. *The Rein-deer.*

The rein-deer is not unfrequently during journeys seized with a temporary madness, and attacks its master in the sledge. But the Laplanders are so accustomed to it, and prepared, that there is no example of its having proved dangerous. As soon as the animal stops, the Laplander slips out of his sledge, and covers himself with it as a tortoise with his shell; then the animal batters awhile, and then turns round. The master seats himself again, the madness is over, and off they go.

Page 117. *The Stag.*

The stag's horns have sympathy of the most regular kind with the genitals; castrate a young stag, and from that moment his horns cease to grow, and what is wonderful, injure the horns and you injure his powers of generation; take them away wholly, and it has the same effect as castration.

Page 119. *Swine.*

Blumenbach brought as a proof that there were animals that had been created since the first general creation, that the finnen-wurmer are found nowhere but in Louse swine; but God did not create house swine, *ergo*... O most lame and impotent conclusion! In Minorca they use swine to plough with. Formerly it was the fashion in France for the ladies to carry on their arms young pigs instead of lap-dogs.

Page 121. *Elephant,*

The elephant is the only animal beside man that feels ennui; even in its wild state it may be seen plucking flowers, and flinging them away with its trunk. Ackbar the Great in India had elephants that could shoot a bow.

Page 125. *The Sea Unicorn.*

Blumenbach confesses that he has not discovered the use of this great horn, or rather tooth. Some have said that the animal uses it to break through the ice in order to breathe, but why then have not the other cetaceous animals the same? At Copenhagen there is a throne cut out of the teeth of this fish.

(To be continued.)

SPECIMENS OF VARIOUS KINDS OF WRITING FROM THE LANCET OF LAST WEEK.

SPECIMENS OF WIT.

IN a case of hernia which occurred some weeks ago at St. Bartholomew's, Mr. Earle opened the bowel, in allusion to which the Editor of the *Lancet* drolly inquires, "Why, what the deuce did he expect to find there? serous membrane—a sneezing cat—a bat, or a young sucking-pig?"

On the wrapper we find, "Gratifying intelligence—Mr. Brodie dissecting a partridge:" and on turning to the article, we were delighted with the following lively continuation of the wit which we quoted in our last Number.

"Last week Mr. Brodie, the eminent surgeon, opened the body of Samuel Partridge, who died in the second year of his apprenticeship to a respectable grocer residing in the neighbourhood of Manchester Square. The public will be delighted to learn that Mr. Brodie met with no accident in performing this operation; the eminent surgeon only cuts his finger on opening the bodies of Earls."

SPECIMEN OF CANDOUR.

In Mr. Keate's letter inserted in No. 5 of the *Gazette* was a misprint, viz. *healed* for *treated*; this was corrected in the Errata of the following Number. The *Lancet* answers this letter, and retains the first reading, "previously healed," in order to say that it is nonsense.

SPECIMEN OF TRUTH.

Alluding to Mr. Keate's case of inflammation of the knee-joint, it is said, "In the Ward-Book, and in *Mr. Keate's hand-writing*, stands the following statement respecting the case under consideration:—

"MARY MARTIN, *ÆTAT.* 27, ADMITTED OCT. 17, 1827, WITH AN INFLAMED BURSA OVER THE PATELLA, OF TWELVE MONTHS' STANDING."

This assertion is false ; the statement quoted by the *Lancet* is not in Mr. Keate's handwriting, but in that of the house-surgeon, whose writing is so different that no one could mistake it for Mr. Keate's. Thus being accused of one falsehood, the *Lancet* defends himself by another.

The only entry in Mr. Keate's writing is upon the letter, where the complaint is called "Affection of the Knee Joint."

SPECIMENS OF CONSISTENCY.

"We shall transcribe the history of this case, and the description of the operation, &c. *verbatim*, from Mr. Earle's case book."—*Lancet*, November 3d.

"Our report is not a *verbatim* copy from his case book."—*Lancet*, January 19.

These quotations both allude to the same case.

"Strychnine, ratsbane, arsenic, and hydrocyanic, were all marshalled in the field of battle, yet notwithstanding their virulent attack, they made no impression upon the nervous system. Finally and in despair we were informed that Mr. Earle sought the aid of carbonic acid gas."—*Lancet*, vol. xii. p. 544.

"Not one of these medicines (*viz.* the identical list given above) was employed."—*Lancet*, January 19.

These passages both relate to the same case; but, forsooth, the account, accusing Mr. Earle of administering these poisons, was written *en badinage* ! As Hamlet says, "they do but jest—poison in jest."—A correspondent remarks, that a man might as well set his house on fire, and then swear it was all a joke.

SPECIMEN OF ARGUMENT.

In the *Gazette*, No. 2, Mr. Earle, speaking of the *Lancet*, says, "With the most unblushing effrontery, a tissue of falsehood is then sent forth to the world." And again, "I can, without fear of contradiction, most solemnly declare, that in scarcely one instance in which my cases have been recorded has the reporter even approached the truth."

To these accusations the Editor replies by calling Mr. Earle a "Cock Sparrow." This will scarcely be credited, but our readers will find it to be literally true, if they will take the trouble to refer to the last Number of the *Lancet*: nay, so powerful does the Editor esteem the argument, that he ventures, on the strength of it, to give himself the lie twice in the course of his letter. See our specimens of consistency.

SPECIMEN OF GOOD TASTE.

These are numberless, but our limits will only admit of our selecting one.

"Some despicable imitations of the *Lancet* have arisen, *stunk*, and become extinguished, * * * One or two are still emitting a little

factor." We would add the joke which follows about the *yellow fungus* with the greatest pleasure, but as we gave it last week, and as it has appeared in the *Lancet* once a fortnight for the last two years, we are afraid that, to some of our readers at least, it would appear rather stale.

SPECIMEN OF VIRTUOUS INDIGNATION.

"One word with respect to certain detestable attacks upon private character, which in every honourable and honest mind can excite no other feelings than those of disgust and abhorrence. Give us a manly antagonist, who has the courage and the intellect to attack us in the face of day, and upon public grounds, and we will never shrink from the contest. But with the cowardly assassins of private character, who differ only from the ruffians who stab and rob men in the dark, because they have less courage and more malignity, we will deal in the only way such wretches can be effectually dealt with,—by resorting to the arm of the law. We consider the time of our readers far too valuable, and the objects to which this Journal is devoted of far too great importance, to occupy the one or be diverted from the other, by noticing a species of injury which, however atrocious and detestable, is still a private wrong, and therefore fit only for the animadversion of a court of justice."

This passage, gentle reader, is actually taken, without any alteration, from the *Lancet* of last week, which contains personal attacks upon Mr. Earle, Mr. Keate, Mr. Travers, and Mr. Brodie—to say nothing of *six pages* devoted to insulting Dr. James Johnson. Perhaps our readers may remember the lines in Ovid,

Nec lex est justior ulla
Quam necis artifices arte perire sua.

NOTICES.

DR. HOPKINS'S PRIZES.

On Friday last, two elegant medals were awarded by Dr. Hopkins to members of his class in the Borough; one gold medal to Mr. Corbyn for the best essay on Lingering Labour, and a silver one to Mr. Bloxham for the next best essay on the same subject. Both these prizes are of considerable value, and possess beautiful designs.

Communications have been received from Mr. Copland Hutchison, Dr. Yeates, Mr. Cæsar Hawkins, and Mr. Brodie. Anonymous Correspondents in our next.

BOOKS RECEIVED FOR REVIEW.

A Practical Essay on Stricture of the Rectum; illustrated by Cases, showing the Connection of that Disease with Affections of the Urinary Organs and the Uterus, with Piles, and various Constitutional Complaints. By Frederick Salmon, Surgeon to the General Dispensary, Aldersgate Street, and formerly House Surgeon to St. Bartholomew's Hospital,

THE LONDON MEDICAL GAZETTE,

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OF
Medicine and the Collateral Sciences.

No 9.] SATURDAY, FEBRUARY 2, 1828. [Vol. I.

OBSERVATIONS

ON THE

DISEASES OF THE URETHRA, BLADDER, AND PROSTATE GLAND.

BY B. C. BRODIE, F.R.S.

As delivered by him in his Surgical Lectures.

[Treatment of Stricture, continued from page 173.]

IN many cases of stricture, especially where the disease has existed for several years, you find that although a bougie may be passed through the contracted part of the urethra, it will not enter the bladder. You may possibly succeed in the introduction of a metallic sound, or catheter, where you have failed to introduce a bougie, but not unfrequently the obstruction which has prevented you from passing the bougie will prevent you from passing the metallic instrument also. The obstruction in these cases arises from the irregularity of the surface of the urethra, where it is surrounded by the prostate gland, and sometimes from enlargement of the prostate gland itself. If you use violence, or employ any but the gentlest treatment, you lacerate the membrane of the urethra and the substance of the prostate. You make a false passage leading into the space between the bladder and the rectum, which may prove a source of constant trouble and perplexity afterwards. When you meet with the difficulty which I have mentioned, do not be over anxious immediately to overcome it. It is not the original disease, but the effect of the stricture. Remove the cause and the effect will cease, not indeed at once,

but by degrees. Be contented at first with the dilatation of the stricture. The urine will then flow in a full stream, and the pressure of it on the parts behind being removed, they will regain their healthy condition, and the catheter, or even the common bougie, will enter the bladder readily. I say that you are not, under the circumstances which I have described, to use violence. But I cannot too strongly impress it on your minds, that in the treatment of stricture you ought not to use violence under any circumstances. Your success in the cure of this disease will depend very much on your attending to this important rule. Whether you use a bougie, or a sound, or a catheter, let the instrument be held lightly, and, as it were, loosely in your hand; it will then, in some measure, find its own way, in that direction in which there is the least resistance; whereas if you grasp it with force, the point can pass only where you direct it, and it is just as likely to take a wrong course as a right one. A stricture will invariably resent rough usage: it will yield to patience and gentle treatment.

In a few cases of incipient stricture, and in some of those in which a stricture is merely spasmodic, after a bougie has been used for a certain length of time the use of it may be dispensed with, and there is no recurrence of the stricture. But these cases are exceptions to the general rule, which is, that there is danger of a relapse, and that a patient who is desirous of continuing well must submit to the occasional use of the bougie ever afterwards. I generally instruct the patient in the introduction of it for himself. At first

he may introduce it once in three or four days. He may afterwards use it at longer intervals, and he must take some pains to determine for himself what those intervals should be. One person will find it necessary never to omit the use of the bougie for a longer period than a week, and another will not have occasion to resort to it oftener than once in a month.

The management of a case of stricture in which the patient is liable to attacks like those of intermittent fever, is often very perplexing. Occasionally, every introduction of a bougie is followed by a rigor, which is not only distressing to the patient at the time, but leaves him in a state of debility from which he may not recover for several days. And sometimes the rigor, as I have already explained, is only the precursor of a still worse train of symptoms, assuming the character of simple continued fever, of rheumatic fever, or even of mania. It is impossible to continue the use of the bougie under these circumstances. If you would cure the stricture you must prevent the rigors. I have already mentioned one way of attaining this object, namely, by leaving the gum catheter in the bladder. You may also, in many instances where you expect the occurrence of a rigor, anticipate the attack by giving your patient a dose of opium, either by the mouth or in the form of clyster, immediately after you have introduced the bougie. But you are not to be contented with meeting the present difficulty. You should look to the future, and endeavour to correct that state of the system on which the disposition to rigors depends. For example. I was sent for to see a gentleman who had long suffered from a stricture of the urethra, and who was at the time labouring under a severe attack of retention of urine. I drew off his urine with a small elastic gum catheter, which was passed with the greatest facility into the bladder. Two or three hours afterwards he experienced a desire to void his urine. It flowed readily in a stream, but immediately afterwards he was seized with a violent rigor. He remained feverish for a day or two, and then recovered. After a few days had elapsed, I began the dilatation of the stricture with a common bougie. The bougie was introduced without any difficulty, but it was followed by a rigor. The next time that the bougie was em-

ployed there was a third attack of the same kind; and on the bougie being again resorted to another and another rigor followed. I now omitted for a time the use of the bougie, and prescribed two grains of the sulphate of quinine to be taken every six hours. Under this treatment my patient's general health manifestly improved, and when at the end of a week or ten days we had recourse again to the bougie, there was no recurrence of the rigors.

The treatment of *fistulæ in perinæo*, or of those *fistulæ* which open externally on the scrotum, or nates, or elsewhere, communicating with the urethra behind the stricture, is in most instances very simple. You are not to be misled, by the resemblance in the name, into the belief that these *fistulæ* require any treatment corresponding to that which is required for *fistulæ in ano*. The latter are formed among muscular structures, and for the most part in the substance of the sphincter muscle. A *fistula in ano* requires to be freely laid open, because it is the action of the muscular fibres over it and under it that prevents it healing. The division of the muscular fibres sets them at liberty and places the *fistula* under the same circumstances with an ordinary sinus. But a *fistula in perinæo* is prevented from healing, not by the action of muscles, but by the urine flowing through it. You will put your patient to unnecessary pain by laying it open. The urine will flow through it still, and, in fact, in more abundant quantity. The wound will heal to a certain point, and then the patient will be in the same state as he was in before. Dilate the stricture, let the urethra be restored to its natural diameter, and as soon as the urine passes freely through the natural passage it will cease to flow through the artificial one; and this being accomplished, in nineteen cases out of twenty the *fistula* will heal. Sometimes it will heal before the dilatation of the stricture is completed, when the cure of it is only half performed. In other cases the healing of the *fistula* will be gradual, and it will be necessary to persevere in the occasional use of the bougie for weeks or months before it is completely closed. If the *fistula* should not heal under this negative treatment, you may resort to other methods. Let the patient remain for three weeks in bed, with the gum catheter constantly retained in the

urethra and bladder. This will sometimes succeed, but it will at other times fail. It may fail, 1st, when the opening by which the fistula communicates with the urethra is unusually large: 2dly, where the urine instead of passing through the catheter flows by the side of it: and 3dly, where the instrument brings on an abundant suppuration of the urethra; in which case the purulent discharge finds its way into the fistula and prevents its healing as much as it would be prevented by the contact of the urine. When then this method fails, or when your patient finds it impossible to make that sacrifice of time, and submit to that degree of confinement which it requires, you may instruct him in the use of the catheter, and advise him, for some time to come, never to void his urine by his own efforts, but to draw it off by the catheter. You may stimulate the bottom of the sinus by the occasional introduction of a small piece of the nitrate of silver: at the same time that you retard the healing of the orifice of the sinus, by lightly touching it once in a week or fortnight with the caustic potass. The reason for applying the caustic potass is as follows. The orifice of the fistula in the integuments is always more inclined to heal than the bottom of it towards the urethra. If you stimulate the whole of the fistula with the nitrate of silver, the orifice of it is likely to close prematurely, that is, before it is healed at the bottom. The necessary consequence of this is another abscess and another explosion of matter. By applying the caustic potass to the external orifice you prevent this from healing, while the application of the nitrate of silver promotes the growth of granulations within, and the cicatrization of the more deep seated part of the fistula. But what is to be done if the fistula never heals? The patient's situation is very distressing, inasmuch as the urine dribbles through the opening in the perinæum and keeps his clothes wet and offensive. What I am about to describe will, at any rate, answer the purpose of a palliative remedy. Let your patient be provided with an instrument nearly the same with the truss that is made to support a prolapsus of the rectum. The only difference is that where a truss is intended to support a prolapsus, the pad or compress is to rest against the anus: but in the case which is now under our

consideration it is to extend farther forwards, so as to come in contact with the fistula. The pressure of the pad will prevent the escape of the urine through the fistula, the whole of the urine will flow through the natural canal, and the patient will be relieved of a real calamity, though not of a dangerous disease.

There are some other affections of the male urethra, which in a greater or less degree obstruct the flow of urine, but which are to be distinguished from that disease to which our attention has been hitherto directed. The orifice of the urethra may become preternaturally contracted, whilst there is no stricture in any other part of the canal. The contraction of the orifice may be the primary disease, but it is more frequently to be traced to an extensive ulceration of the glans. If such an ulceration has existed, the whole circumference of the external meatus having been included in it, at first when the parts are healed the patient makes water in a stream of moderate diameter; by degrees, however, the cicatrix becomes more and more contracted, the urine flows in a smaller and a smaller stream, and at last the patient is unable to void it even in drops. Very probably you are not called in until the disease has arrived at this last stage, that is, not until there is a complete retention of urine. The treatment of such a retention is very different from that of a retention of urine from an ordinary stricture. There is here no disposition to spasm: the contraction is altogether permanent. The management of such a case is in some instances rendered more complicated by the following circumstance:—the præpuce has contracted partial adhesions to the surface of the glans, and the contraction of the orifice is complicated with phimosis. Where this complication exists, you must begin with dividing or slitting up the præpuce. You then find the exposed surface of the glans, in all probability, presenting the appearance of an irregular cicatrix, in which you at last discover, not without some difficulty, the minute and contracted orifice of the urethra. Into this orifice introduce a small silver probe, such as is made to be inserted into the punctum lachrymale of the eyelid. Having withdrawn this, introduce another probe of a somewhat larger size; then one a little larger still; and afterwards introduce a common silver director about

one or two inches into the urethra. The patient will then be able to make water, the urine flowing along the groove of the director. After the bladder is emptied, introduce the point of a sharp-pointed bistoury, and dilate the contracted orifice of the urethra. Let the patient retain a gum catheter in the urethra and bladder until the incision is healed. He will then make water without the smallest difficulty or impediment, but the cicatrix has the same disposition to contract as before; and in order to prevent the contraction taking place, your patient must introduce a bougie about two inches into the urethra every morning, allowing it to remain there about five minutes each time.

The urethra is, as you well know, surrounded by mucous follicles, which secrete a mucus by which the canal is lubricated. In some cases, one of these follicles becomes converted into a small indurated tumor, varying from the size of a pea to that of a horsebean. Such a tumor is to be felt, imbedded as it were in the corpus spongiosum. The usual situation of it is about two or three inches from the external orifice, but it is sometimes perceptible close to the frænum, and at other times as far back as the scrotum. The disease undoubtedly originates in inflammation, but being once established, the tumor may remain unaltered after all symptoms of active inflammation have subsided. If the tumor be small, it gives the patient little or no inconvenience, but if it be large, it torments him by producing chordee, and by keeping up a constant gleety discharge from the urethra. For the most part the tumor, if left to itself, will disappear in the course of a few weeks or months; and I therefore recommend nothing to be done for it, in the first instance, beyond the local application of the mercurial ointment with camphor. If, however, it does not show any disposition to diminish under this simple treatment, and it gives the patient any actual inconvenience, you may sometimes succeed in reducing the enlargement by keeping the patient in bed, with a small gum catheter in the urethra and bladder. This plan may be pursued for a few days each time, and repeated at intervals until the tumor is nearly dispersed. Observe that the gum catheter should be small: a large one will produce an effect exactly contrary to what you wish, irritating the tumor and exciting a fresh

attack of inflammation in it. I have known attempts to be made to destroy one of these enlarged follicles by means of the bougie armed with the nitrate of silver: but, in the cases to which I allude, the treatment seemed to be injurious rather than beneficial. It has often occurred to me that the tumor, when not of a very large size, and not very closely attached to the surrounding parts, might be dissected out without injury to the corpus spongiosum or urethra, but I have never yet performed such an operation. In some instances suppuration takes place in one of these tumors, and an abscess bursts externally. The healing of the abscess is generally slow, and after it has healed an induration remains, which however gradually disappears. In other cases the abscess bursts internally. The cavity of the abscess communicates with the urethra, and when the patient voids his urine, a portion of it flows into and distends the abscess. Under these circumstances you may direct the patient to place his finger on the part when he makes water, so as to make a moderate pressure on it. Thus the urine will be prevented entering the abscess, which will at last, in all probability, heal. If, however, the abscess should not heal, you may introduce a director into the urethra. Make an incision on the director through the centre of the abscess, and thus make a free external opening into it. You may apply a poultice in the first instance; afterwards dress the abscess to the bottom with the Ung. Hydrarg. Nitrico Oxydi, stimulating the surface at the same time with the nitrate of silver, and by degrees the abscess will heal.

Passing over those affections of the male urethra which will occupy us after treating of syphilis, namely, gonorrhœa, and the diseases which are liable to be confounded with it, I shall draw your attention to the diseases of the female urethra. These are few and simple, and, as I have already had occasion to observe, all that is to be said respecting them may be comprised in a very few words. Stricture of the female urethra is very rare: nor have I ever seen it, except at, or immediately within, the external meatus. I have a preparation which affords an example of stricture in this situation. It was taken from the body of a woman who died under the following circumstances. She was admitted into the hospital labouring

under an exceeding difficulty of making water. The urine was voided almost in drops, with much effort and straining. On examination, I found the external orifice of the urethra so much contracted that it would scarcely admit a small probe. It was, however, dilated by means of bougies, and the patient voided her urine in a moderate stream. Some time afterwards she was seized with an attack of fever, which proved to be dependent on inflammation of the peritoneum covering the liver, unconnected with the stricture, and of this she died. You will observe that the stricture is quite at the extremity of the urethra, occupying about half an inch of the canal.

Mr. Clarke has described another disease of the female urethra, of which only a few examples have come under my own observation. It consists of a tumor, or excrescence, having its origin from the urethra immediately within the external meatus. The tumor projects externally; is of a soft texture; of a bright scarlet colour; possessed of exquisite sensibility; and it varies in size from that of a large pin's head to the size of a horsebean. It may be removed by the probe-pointed scissars, the basis of it being afterwards destroyed with the potassa fusa, or it may be removed by the application of a ligature. The first of these methods is that which I have myself adopted, and which my own experience in these cases would induce me to prefer. Cut off the tumor first as close to the base as possible; wait until the bleeding has ceased, and then apply the potassa fusa for a short time to the cut surface. On these as on other occasions, where you employ this excellent and most useful caustic, you should take care that it is of the very best quality, and recently made: and after you have applied it, the parts in the neighbourhood should be bathed with vinegar, which will neutralize the caustic alkali, and prevent it acting where the action of it is not required. Mr. Clarke's experience on the subject is however greater than mine, and probably more deserving your attention; and he prefers the use of the ligature, which he recommends to be applied tight enough to cause the tumor gradually to drop off, but not tight enough to cut it through in the first instance.

(To be continued.)

A COURSE OF LECTURES ON EXPERIMENTAL PHYSIOLOGY.

BY M. MAGENDIE.

Lecture 3d.

IN our last Number we gave an abstract of the two first Lectures, and we now proceed to the third, in which M. Magendie treated of the contractility which he calls *vital*, to distinguish it from the contractility from elasticity, which only takes place after a previous distension of the organ, and concerning which he spoke in the first Lecture.

The contractility of different organs is a point of physiology at once so obscure and important, that it is exceedingly desirable that it should engage the attention of some one *ex professo*.

The following are the most prominent facts on the subject, as illustrated by experiment.

Experiment 1st.—The abdomen of a young dog being opened, we see that the intestine and stomach, which were at first thin, capacious, soft, and flaccid, soon become thickened, firmer, and of smaller capacity. The same is observed in the bladder. This viscus, which is flaccid and soft when it is first examined, contracts in all its parts upon itself, so that its parietes are accurately applied to the urine contained in its cavity. Nevertheless the liquid does not flow out; and it is curious that some moments after the animal's death, which results from the opening of the chest, the bladder contracts powerfully but slowly, and the urine flows out almost entirely.

Experiment 2d.—The galvanic stream (at least when we apply the two poles to the external surface of the hollow viscera) causes only a very slow contraction in the parietes of the stomach, intestines, and bladder. All these organs acquire, under its influence, more firmness and compactness than they originally possessed, but they do not, on that account, empty themselves of the liquids which they contain; scarcely a single drop escapes.

Experiment 3d.—These phenomena of contractility are much less strongly marked in the gall bladder of the dog, and of mammiferi in general, in the stomach and intestine of the carp, frog, and of cold-blooded animals in general, and lastly, in the crop of the pigeon, and of birds in general. The galvanic

stream does not produce even a slow contraction of these parts. The gizzard of birds, on the other hand, contracts visibly, although slowly, when it is pricked, or subjected to the galvanic action, &c.

Experiment 4th.—When the intestine is cut longitudinally, the edges of the wound turn out each to its own side. When it is cut perpendicularly to its length, the two ends separate from one another. The first effect is produced by the contraction of the circular fibres; the second effect is produced by the contraction of the longitudinal fibres. These two facts are by no means novel; but they are very important.

Experiment 5th.—The contractions of the œsophagus are much more sudden and distinct than any of those hitherto examined. When we prick it, or pinch a branch of the eighth pair of nerves which sends filaments to it, or when we put it under the influence of the galvanic stream, it contracts strongly and suddenly, by a movement similar to that by which we close the hand. These sudden contractions cease at the cardia. It is necessary to remark, that in these movements the œsophagus is drawn upwards, apparently towards the pharynx, raising with it the stomach. This direction of the movement of the œsophagus is evident, when we place the stomach in communication with one of the poles of the pile, and the œsophagus with the other. It depends on the number and power of the longitudinal fibres, which, in contracting from below upwards, produce a kind of undulation of the canal, so that the contraction or diminution of its calibre affects, first the part nearest to the cardia, and then by degrees the parts nearest to the pharynx. It is very seldom, on the contrary, that we can produce a contraction in the parietes of the stomach, by pinching its nerves. However, this does sometimes happen.

Experiment 6th.—The spleen itself is contractile. We know that it increases in size, when the absolute quantity of the blood is augmented, and that it contracts on itself when this quantity is diminished. To prove that this contraction does take place, M. Magendie injected by the jugular vein of a young dog fourteen syringes full of tepid water. The abdomen being opened, he observed that the liver, the kidneys, the spleen, &c. increased in size, and were thicker and more turgid

than natural. The spleen which at first was three inches and a half in length, became reduced to three inches: its breadth and thickness diminished still more visibly, in proportion as the blood was expelled by a slow contraction, like that from elasticity. The following is peculiar in the contractions of the spleen:—About a spoonful of the tincture of nux vomica having been injected into the cellular tissue of the flank, stiffness and tetanic convulsions came on at the end of three minutes; and at the same time very well marked nodosities formed on the spleen.

Experiment 7th.—Bichat has said, that instead of exciting the contractions of the heart, the galvanic stream caused them to stop when they still existed. This takes place, indeed, sometimes; but often the action of the pile renews the pulsations of the heart after they have stopped. Indeed, the two poles of the pile having been put in contact with the hearts of a young dog and pigeon, whose pulsations were regular and not very frequent, they became more rapid, then stopped at intervals, and became exceedingly irregular; but every time the pulsations ceased, the contact of the poles renewed them directly. The pigeon's heart, when completely separated from the body, exhibited these phenomena in a more striking manner.

Experiment 8th.—I have already said (first experiment) that the bladder of the dog contracted strongly upon itself, and was almost entirely emptied, soon after the death of the animal. To give a fresh example of the contraction from elasticity, M. Magendie, having removed the bladder with a portion of the urethra from the body, filled and distended it with water, withdrew the syringe, and placing the bladder on a table, observed that, in contracting on itself, the organ thrust the fluid along the urethra; and that the action of the pile did not increase the jet. This jet was feeble, and the expulsion of the fluid soon ceased; the bladder did not contract near so soon as it had done spontaneously after the animal's death.

Experiment 9th.—I here mention this last fact, although it belongs to another Lecture, since it relates to contractility. The abdomen of a young dog having been opened, a concentrated solution of corrosive sublimate in water was injected through the œsophagus into the stomach. For many minutes

we absolutely saw *no* contraction in the parietes of the organ, either sudden or slow. But all at once the stomach, instead of contracting, became distended to triple its former size: it was tense as the parchment of a drum; its vessels appeared to be more developed and fuller of blood; and at the same time we saw the animal, although feeble, exhausted by vain efforts to vomit. These phenomena continued till it died. M. Magendie observed that it was by this experiment he had shown how erroneous the ancient theory of vomiting was, by which it appeared that the stomach contracted on itself. That so far from contracting the stomach actually dilated at the moment when nausea supervened, and that the vomiting was reproduced an instant, a second, sometimes many minutes afterwards, as the result of the antagonist action of the abdominal muscles, which are as essential to vomiting as the stomach itself is. That he had directly proved this assertion, by returning the stomach into the abdominal cavity, keeping it there by stitches connecting it to the parietes of that cavity; which subjected it to the action of the abdominal muscles, as takes place in the natural state, and which determined real vomiting, that is to say, an ejection of the substances contained in its cavity; a vomiting which we see cannot take place without this condition. M. Magendie, moreover, remarked, that the lower part of the abdominal muscles of the animal being untouched, and the large intestine being actually contained in the abdomen, this intestine was found subjected to the action of the muscles; and that, consequently, the animal had just evacuated and continued to evacuate its excrement; for it is always the same system of evacuation by the stomach and intestines.

Such are the principal facts concerning contractility. Most of them, being already well known, do not on that account less deserve to be repeated, for they are opposed to what has been long believed, and to what many physiologists still believe, from tradition.

OBSERVATIONS

ON THE

GENERAL PRINCIPLES OF TREATING FRACTURES OF THE FEMUR,

Connected with some Improvements in the Construction of the Thigh Splint.

(Read at the last Meeting of the Hunterian Society.)

BY C. ASTON KEY.

It might be presumed, from the various contrivances in use for the purpose of securing fractured thigh, and from the attention of several members of the profession having been recently directed to the subject, that there remained but little room for improvement in the construction of instruments, much less in the views and principles which should guide us in the treatment of these accidents.

The best instruments, however, employed in the treatment of fractured femur appear to me, from extensive observation, partly defective in the attainment of the objects which they profess, and in principle incompletely adapted to fulfil the purposes for which they are applied; I therefore make no apology to the Society for endeavouring, however imperfectly, to supply their defects in principle and in mechanical contrivance.

In order to understand the right principle of treating fractured bones, and the means of keeping them in proper position, we direct our observation to the effects of muscles in displacing the bones of a recently fractured limb. We see the muscles tortured into action by the irritation of the fractured portions of bone, displacing them in various directions, drawing the lower fragment upward, forcing it over the upper, and producing the deformity usually attendant on severe accidents of this kind. This displacement is attributed (and correctly) to the action of the muscles upon the lower fragment, which, being more movable than the upper portion to which the body is appended, is the more readily displaced. The greater mobility of the lower fragment lasts, however, in the case of a fractured thigh, only as long as the limb lies on the bed unconfined by splints or bandage; for as soon as the lower part of the limb is securely fixed by bandage to the leg and foot pieces of a fracture box or splint, the relative disposition to displacement becomes changed, and the attention of the surgeon must be trans-

ferred from the lower to the upper portion of bone.

The greater liability to displacement in the upper portion appears but little to have engaged the attention of surgeons, and the provision for preventing overlapping in a fractured thigh and shortening of the limb, have accordingly been defective. The tendency in the pelvis and upper portion of bone to descend is caused by rendering the foot and leg fixed points, from which the muscles attached to the upper fragment of bone and pelvis act, and must be familiar to those who are conversant with the nature and treatment of these accidents. On examining a patient who has been carefully placed in splint with the limb apparently well secured, we find, on the following day, his head occupying a lower part of the pillow, his buttocks sliding towards the splints, and the whole trunk gradually descending in bed, in obedience to the action of the long muscles of the thigh attached to the pelvis. This, however, is not the only direction in which the trunk and pelvis become displaced: in a few days we observe the bearing of the whole trunk to be oblique; the patient finding ease by favouring the action of the muscles, inclines his body over to the injured side, and so alters the axis of the pelvis as not unfrequently to give the appearance of elongation to the fractured limb. This obliquity in the pelvis is mischievous, in deceiving the surgeon, and in causing the upper fragment to descend upon the lower.

It is this twofold inclination of the pelvis, and the consequent displacement of the upper portion of bone, that I have endeavoured to rectify by the application of the splint now laid before the Society.

The leg piece of the splint is one that has been long introduced into practice by Mr. M'Intyre, Surgeon, of Newcastle-on-Tyne, who has for some years extensively used it in the coal mine practice of the north; and finding it, under a peculiar mode of application, answer the purpose better than those commonly employed, he brought it to town for the trial and approbation of some surgeons in London. The splint, which he left with me, I have almost exclusively employed in my private and in hospital practice for the last few years; and I can truly aver, that I have seen more success attending its application than where other more complicated plans have been resorted to. One of its

merits, and certainly not the least, is its simplicity, and the ease with which it can be applied, an advantage of first-rate importance in surgical mechanics. Mr. M.'s mode of applying the splint is to prepare a large and thick cushion of chaff, which shall not only cover the splint, but can be folded up on each side of the limb so as to give it considerable lateral support. The limb being securely fixed in proper position by assistants, and care being taken to retain the broken ends in apposition, the whole limb with the splint is involved in a firmly applied roller, beginning with the leg and proceeding upward to the pelvis, around which it should be continued. To the application of bandages on a recently fractured limb, with contusion of the surrounding soft parts, I am aware that objections are generally made; but the practice of immediately securing a fractured limb by as firm pressure as can be borne, possesses great advantages. The muscles, unless restrained by moderate pressure, continue by spasmodic twitchings to displace the limb, and if they are allowed to remain for a few days in a permanent state of tonic contraction, a greater degree of extension is required to restore the symmetry of the limb. I have also generally found that where delay has taken place in securing the limb, the shortening has been greater when union has taken place. From the event of my own cases, I am disposed to give a decided preference to the immediate confinement of a simple fracture of the thigh, unless some unusual circumstance forbid it: it saves the surgeon much trouble, and the patient much suffering. Mr. M. does not employ short splints over the bandage, and when the chaff pad is made large and thick, it alone answers all the purpose that well-directed pressure can effect: it will seldom be found to give the patient much uneasiness by unequal pressure, and greater compression may be employed in securing the muscles than with the common short pads and splints. I generally use the latter in addition to the large pad and roller. At the end of eight or ten days the bandage should be reapplied, and the limb readjusted, should any displacement have occurred.

The desideratum attending this splint in common with others, is a provision for preventing a descent of the pelvis; which I have endeavoured to supply by adding a stay to the upper part of the

thigh piece, and a crutch which extends from the knee to the axilla. The thigh piece of splints, as most of them are constructed, fails in supporting the upper part of the limb, and is defective in the point most essential in its application, *viz.* exerting a counterpressure against the tuberosity of the ischium; for the edge of the plane, which should press into the fissure between the thigh and nates, sinks into the bed, leaving the limb without support, and the ischium free to descend. To remedy this a piece is added, by which the thigh piece is raised so as to support the limb. In the common inclined plane this defect does not exist. The other addition, which will be seen in the drawing, is an arm piece, acting on the principle of Boyer's splint, which can be lengthened or shortened at pleasure. This counterpressure which Boyer's splint exerts against the axilla, gives it a great advantage in making counterextension; but it is of course inapplicable to fractures requiring the bent position, and it loses considerable power by acting from the foot. In the present instance the counterforce acts directly upon the condyles of the femur, and thus immediately upon the lower portion of bone, saving the expenditure of force which in Boyer's splint is lost upon the tarsal knee-joints; added to which, its applicability either as a straight splint or a double inclined

plane renders it more fit for general use. The action of the arm piece is not, however, confined to counterextension: it acts in a twofold manner on the trunk and pelvis; the former it preserves in a straight line with the limb, preventing it inclining to the injured side, and thus favouring the descent of the pelvis; and by pressing against the crista of the ilium, it prevents the lateral inclination of that bone, a tendency to which invariably occurs in fractured thigh. It also more completely enforces the horizontal posture, a deviation from which occasions a change in the bearing of the pelvis, and thus causes displacement of the upper fragment of bone.

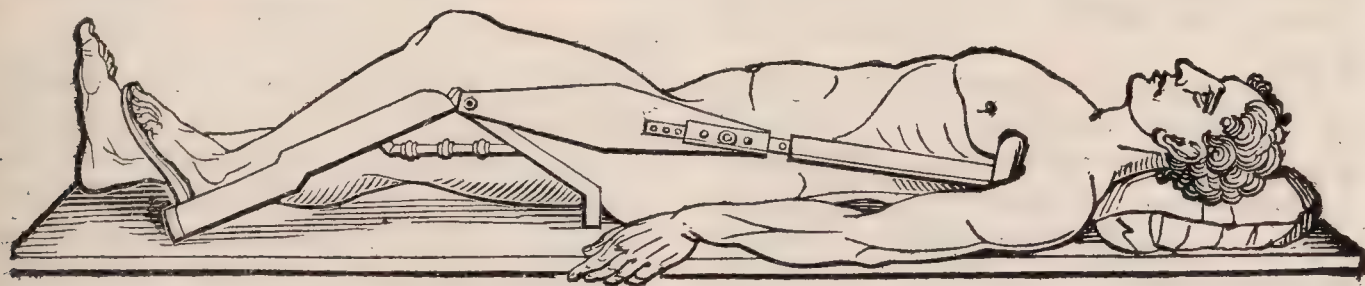
The advantages which I propose in the application of the splint are shortly these:—

1. The closer adaptation of the thigh piece to the thigh, and more efficient counterextension against the tuberosity of the ischium.

2. A more efficient counterextending force acting from the axilla directly upon the lower fragment of bone.

3. A control over the lateral inclination of the trunk and pelvis.

The sketch, which does not represent the pads or bandages, is taken from the splint as constructed by Laundry, instrument maker to the hospital, and is intended to show its application to the bare limb.



CASE OF IMPERFORATE ANUS, WITH OPERATION

BY A. COPLAND HUTCHISON, F.R.S.E.

Surgeon to the Westminster General Dispensary, &c.

Mr. Editor,

DR. LOCOCK did me the honour to consult me, on the 20th of November last, in the case of a female infant, named Mary Scanler, born with imperforate anus; this being the sixth instance of the kind that has happened in my practice. The usual mark, or hollow, in the situation of the natural anus was most distinct. Upon making pressure over the abdomen with my hand, I could not discover any particular fullness or tension of the parts; and, there-

fore, profiting by past experience, I proposed to delay the operation until the following day, by which we would ensure a greater distension of the rectum with meconium, when the operation should be performed. The infant had vomited ever since its birth, and would not take the breast, so that it was necessarily fed with spoon-meat.

On the 21st November, just sixty hours from its birth, I performed the operation, after the usual manner,* at the Westminster General Dispensary, in the presence of Messrs. Jennett, Davis, and Wade, besides some pupils; when, at the distance of an inch and a half from the surface, we

* See *Practical Observations in Surgery*, &c. second edition, by A. Copland Hutchison.

had the satisfaction of penetrating the intestine with a trocar, through the canula of which a quantity of meconium instantly flowed. The canula was secured in its situation for the night, and the child was carried home.

The vomiting, which for twenty-four hours previous to the operation had become stercoraceous, now gradually ceased after the operation; the infant fed better, and continued for between three weeks and a month to thrive and grow; its motions were natural in colour, consistence, and quantity, during the whole of this period, and a teaspoonful of castor oil was administered only twice, more as a precautionary measure than as a matter of necessity.

From about the 14th of December, owing to some cause which we could not some time clearly understand, the child gradually lost flesh. Its motions, though natural, were scanty, and the artificial anus was easily permeable to a good sized bougie. In a few days we ascertained that the mother had placed the child out to be nursed by a person, who, it would seem, professed at the time to be suckling her own child, but which, a few days only before the child's death, was discovered not to be the case. The child died on the 28th of December, without evincing any symptoms of acute disease; and leaving an impression on my mind, that there had been gross neglect on the part of the nurse.

The next day I examined the cavities of the chest, abdomen, and pelvis, in the presence of the Messrs. Wade, when not any cause of death, or appearance of disease, could be traced. The parts concerned in the operation, with the whole contents of the pelvis, were carefully removed, and are now in the Museum of the College of Surgeons.

After the preparation had been macerated, and in spirits and water for some days, the part cut through at the operation only measured one inch; half an inch, however, we must allow for absorption, and the natural approximation of the mucous membrane of the intestine to the surface, after a lapse of upwards of five weeks. The parts seemed healed, and in so far as the operation itself was concerned, it had completely succeeded. The sphincter muscle appeared to be wanting.

In this case, as well as in my former, the excitement of titillation, amounting sometimes to rather a rough movement

of the finger in the natural situation of the anus, both before the operation was commenced and afterwards, was our best guide in making the various incisions with the scalpel. Without this expedient, and the introduction of a director into the vagina, to guard us against wounding the parts in that direction, I am certain that this operation would not have been so successfully performed. I can now, therefore, with more confidence than ever, speak of the advantages to be derived from attention being paid to these suggestions. In this last case, indeed, I was chiefly directed in cutting as the bowel protruded downwards, and only used the knife as the protrusions occurred; so that, after the first incision, the best stimulus or excitement to protrusion, is the scalpel, followed by the surgeon's finger thrust into the bottom of the wound, and moved upwards and sideways as before directed. The operator, however, must be very much on the alert in watching the various protrusions or bearings down of the gut; for its retirement from the surface is much more rapid than its approach or protrusion downwards.

3, Duchess Street, Portland Place,
Jan. 18, 1828.

STETHOSCOPE.

To the Editor of the London Medical Gazette.

Sir,

THE report given in the second Fasciculus of Dr. James Johnson's *Medico-Chirurgical Review*, of the proceedings of the Westminster Medical Society on two recent occasions when the stethoscope was under discussion, contains the following impartial statements:—"Three gentlemen expressed themselves unfavourable to the stethoscope, two of whom ultimately *ratted*, while the third was *completely non-plused*, and merely entered his protest against auscultation, without adducing a single fact or cogent argument against the measure. In *compassion* to the opposers of these improvements in medical science, we shall draw a veil over their names." The well-earned character of Dr. Johnson's Journal compels me to come forward upon this occasion, and to state, first, that whatever opinions I may deliver in that Society, I am neither ashamed to avow nor unwilling to defend; and secondly, that, in my humble judgment, the tenderness manifested in

the concealment of my name might have been far more suitably, and quite as modestly, exercised in that passage which informs us that "the value and utility of this auxiliary to diagnosis was (*were*) *ably maintained by Dr. Johnson.*"

The facts and arguments brought forward by myself and the two gentlemen who, according to Dr. Johnson, afterwards ratted, were the following. Whether they were or were not *cogent*, and whether the editor of a Journal, professing to report a debate, was justified in omitting (with one exception) all mention of them, are questions which may safely be left to the common understandings of your readers.

1. It was argued, first, that in the different modifications of pain, dyspnœa, cough, and expectoration, together with the concomitant affections of the pulse, tongue, and nervous system, the practitioner of judgment and experience possessed abundant evidence of all the ordinary diseases of the thoracic viscera, and that the stethoscope was requisite only (if at all) in obscure and rare cases.

2. That to gain satisfactory information from the stethoscope in such obscure and rare cases, much previous experience was necessary, in the acquisition of which more time was wasted than was commensurate with the benefit obtained.

3. That granting, for argument's sake, an improvement in the *diagnosis* of thoracic diseases by the stethoscope, no corresponding improvement in practice has resulted, such complaints being, to say the least, as fatal in Paris as in London, and the Bills of Mortality indicating here, in 1827, an actual excess of deaths, by consumptive ailments, over those of 1826.

4. That when diseases are so far advanced as to be plainly cognizable by the stethoscope, they are, for the most part, incurable.

5. That the diagnosis of hepatized lung (stated to have been so much improved by the stethoscope) was long ago fully taught at St. George's Hospital, especially by Dr. Nevinson.

6. That frequent mistakes were made by Laennec himself, when thoracic disease was in an early stage, although his prognostications of the state of the lungs immediately prior to death were singularly accurate.

7. That the stethoscope had been fully and fairly tried in the Clinical wards of

the Edinburgh Infirmary, but was now, in a great degree, neglected by the Clinical professors.

It is no doubt true that these objections were severally answered, and the last in particular was distinctly denied by Mr. Thomson, but the style of argument was not always the most strictly logical; and that supplied by Dr. Johnson himself, and called by him "a *dampener*," may be taken as *instar omnium*. In reply to objection No. 4, that diseases specially discovered by auscultation are, for the most part, incurable, Dr. Johnson thus reasons. (See page 471 of the *Periscope*.)—A man had been in two public institutions. In the one he was treated for nervous asthma, in the other for phthisis. Dr. Johnson discovered *without the least difficulty*, by aid of the stethoscope, an *aneurism* beating under the right clavicle. The man was bled, and his breathing relieved. *Ergo*, diseases specially discoverable by the stethoscope are *not* for the most part incurable. From the same premises I should have drawn a conclusion diametrically opposite. Indeed, it is difficult to imagine how, in the very nature of things, it could be otherwise. Were it not that the stethoscopic indications are followed, *in a large proportion of cases*, by a fatal event, how could their connection with internal morbid processes have ever been discovered?

The *argumentum ad hominem* was not touched upon in the course of the debate, and yet, after all, it is that by which the true value of the stethoscope must ultimately be determined. Is it found that those physicians in public hospitals, and in private practice, who employ the stethoscope, are more accurate in their diagnosis and more successful in their practice than those who do not? Dr. Johnson may talk of the *wretched* state in which the pathology of the chest was before the days of Laennec and Coroisart, and give it as his opinion that Dr. Baillie's knowledge of the connection between symptoms and changes of structure was *purely imaginary*; but posterity may form a very different estimate of the merits of some of the physicians of this country, and be perhaps inclined to believe that Dr. Baillie was the best pathologist that adorned the first twenty years of the nineteenth century.

My regret at differing from Dr. Johnson in the value of mediate auscultation

has happily been relieved by one consoling reflection. The *Lancet* and the *Medico-Chirurgical Review*, differing as they do on almost all other subjects, are agreed in their mutual estimate of the powers of the stethoscope; and it is gratifying to think that, in the tumult of conflicting sentiments by which the editors of these works are respectively agitated, one bond of union still exists between them, which, judiciously fostered, may restore that harmony in the profession which all must so ardently desire.

I am, sir, your very-obedient, but not quite nonplused humble servant,

GEORGE GREGORY.

8, Upper John Street, Golden Square,
January 26, 1828.

[In giving insertion to the above, we are not to be understood as expressing any opinion on the subject.]

EFFECT OF MEDICAL SQUABBLES.

To the Editors of the London Medical Gazette.

Gentlemen,

CHANCE has thrown into my way the last two Numbers of the *Lancet*. I do not know whether you doctors think your books and other writings are read by persons out of the profession or not, but I beg to take this opportunity of assuring you that they are, and that I for one have been fond, all my life, of poring over medical publications, and observing, as far as I have been able to understand them, the various improvements in medicine and surgery. With a very anxious interest in the advancement of an art, to which I have been more than once much indebted, has been joined a very sincere respect and high value for the characters and persons of many of its professors and practitioners, with many of whom I have lived in habits of intimacy and friendship. No profession is devoid of certain little feelings of jealousy and rivalry, and I know the medical has its own share of these natural foibles, but I never expected to see such furious enmity existing among the members of your learned body as at present fills the columns of the *Lancet*, which, I think, would more properly be called the *saw*, so rough and coarse its action, instead of that delicate little instrument, which

gives the greatest relief at the least expense of pain. It is remarkable, too, that these mighty quarrels are not among the unknown of the faculty struggling for notoriety and anxious for a name, nor among the students of the day aspiring to be the Clines and Coopers of the coming time, but it is even among some of established fame, the very heads and authorities of the learned body, to whom the rising generation of medicine are looking up for example, and the public for relief in case of casualty or disease; and I cannot think it a way to fulfil the duties they owe to the one or the other, to exhibit themselves, not only to the more considerate of their own profession, but to the eyes of all the world, as objects of ridicule.

One gentleman accuses another of cutting slits fourteen inches long at once, or by instalments—this is killing by inches indeed! We hear of painting by the yard, this is surgery by the foot. His opponent, in return, charges him with double boring the skulls of his patients, and of his being “in at the death,” as if he hunted his patients out of this world into the next: and even there he cannot leave them at peace, but he conjures them up again in horrible array, and calls back to mortal view a frightful band of bloody-headed spectres, each pointing with his finger to the fatal holes in his temporal fossæ. Mercy upon us, what a picture! Here is a ready-made dream and nightmare for a man in a fever! But what is all this really about? Is it to cast a doubt into the public mind, that in case of disease or accident befalling any of us, that either Mr. Cooper, or Mr. Travers, or Mr. Lawrence, is not, each of them, fully competent to take charge of the case, and to give us the best chance of getting over it? If the one cuts fourteen inches, there must be some dreadful necessity for such violence; or if the other double bores our temples, our case must be desperate to require such desperate means; and if, in spite of all their endeavours to save our lives, we do not get over it, it is to be hoped we should rest peaceably in our graves, and not come back to disturb their rest, pointing at what they did to save our lives. But why do gentlemen talk of such horrid things? If it is right to do them, they must be done; but it is not decent to frighten people with what they may have to bear, and measure out their misery to them with a carpenter's

rule. But besides this, it is all nonsense to talk about cutting fourteen inches: it may be possible in a life-guard's man or the king's porter, but cut fourteen inches straight in the limbs of such a wizen'd little old man as me if you can: I defy you all. But mark the end of all this. These *Lancets* had not been out two days before an old friend of mine, with a bad leg, wanted a surgeon, and the apothecary recommended Mr. L. "Why, my dear Mr. Jones," says the old lady, "that's the man they tell me cuts *fourteen ounces* at a time out of his patients." "*Inches*, Ma'am—fourteen inches you mean." "Well, well! it is all the same; don't let him come near me." "Well, Ma'am, there is Mr. C." "Oh no! Mr. Jones, I am afraid of Mr. C. too: for I heard, at the same time, that he double bores his patients' temples." "Then whom will you have, Ma'am?" "Why, we'll have Mr. —, for he is a good-natured little man, and neither slashes nor bores."

I remain, gentlemen, your obedient humble servant,

A VERY OLD MAN.

MEDICAL EDUCATION IN IRELAND.

Letter of an Irish Physician to a Medical Friend in London.

Dublin, January 1, 1828.

My dear —,

IN compliance with your request, I proceed to make you acquainted with the state of medical education in this country. I stated to you in my former letter the high pretensions which Dublin supports as a school of medicine; and, I believe, you are aware that this metropolis possesses a university empowered to confer medical degrees of the very highest order; in this respect, holding rank with Oxford and Cambridge, at the same time that in a variety of particulars, presently to be adverted to, she leaves her venerable sisters immeasurably behind. To attain a medical degree in Dublin, the student must previously graduate in arts; three years are then to be passed in a curriculum, precisely similar to that of Edinburgh, upon which he becomes admissible to an examination before the university professors, and, if found competent,

proceeds an M. B. The Dublin graduate may take an "ad eundem" at Cambridge, and thus participate in the privileges attached to an English degree. Or if he choose to remain in his own country, he may present himself to the King and Queen's College of Physicians for a license to practise, rather with a view to an amicable standing with some of the most orthodox of his brethren, than from any necessity that exists for this step; but of this learned body, their constitution, and their enlightened policy, I shall have an occasion to treat more fully, if not in the present, in a future communication. Perhaps I tire you by a detail with which you may be already acquainted. I must beg your attention, however, while I take a rapid glance at some of the other advantages of the Dublin school, by no means hiding the disadvantages and defects, nor throwing a veil over the abuses, which are but too well known to exist in connection with it. You inquire into the constitution of the Royal College of Surgeons in Ireland—are *they* equally liberal in the distribution of their "summi honores?" "are they an open college, even as open as that of London?" Let not the stranger be deceived; let no man presume to expect a diploma from the Irish college of surgery, unless he bind himself apprentice for five years to "a regularly educated surgeon," that is, to one who has been himself an apprentice; and this last must have been bound to one who has been an apprentice—and so on, tracing back, Lord knows how far—at least to his master's master's master. For such is the astonishing and absurd construction put upon the charter by the factotums in the Irish college; and it is to be noted, that the certificate of *the apprenticeship* is the only document required to qualify a candidate for an examination, no matter whether he has ever been within the walls of an hospital or a lecture-room. Now it is quite clear that the Dublin surgeon can never be a man of liberal education, for the apprenticeship must, necessarily, commence at the period of boyhood, at which the discipline of the ferula can scarcely be dispensed with. But the bigwigs have their own reasons for this policy—150 guineas' fee with each apprentice, while some of them hold indentured above forty of these, throws sufficient light upon the knotty construction. It is quite ridiculous to be told that there is

a new charter forthcoming, and that the college is to be liberally thrown open to every candidate, when it is perfectly well understood that the apprentice system is *not* to be abolished, but, on the contrary, all the good things are to be kept in store, for what they are pleased to call the "regularly educated." Having now detailed in what manner, and how far, qualifications may be procured amongst us in medicine and surgery, I shall next request your company with me to the hospitals and lecture-rooms, the only legitimate avenues to professional knowledge. Of course, I have no intention to pass over in silence, the dissecting-room, the very basis of medical science. If there be any thing which is calculated to raise the reputation of one medical school above another, it is the facility with which anatomical research may be pursued; and in this respect the Irish school may claim a competition with any other in Europe. In Ireland—I know not to what it is to be attributed, but there certainly is in Ireland a recklessness and utter contempt of what may befall the dead human body, when once the last funeral rites are decently performed. Nay, a growing desire is pretty prevalent among all classes of late—even the lowest, which is naturally the most addicted to superstition and prejudice—to have the bodies of their friends, and even their own, examined after death by their medical attendant. Reasons, no doubt, very different from a love of science, or a philosophical indifference, may be assigned for this practice, but whatever be the motive, we trust the practice may continue. You have heard, I suppose, of the physician who died not long ago in this city, after having bequeathed, by his last will and testament, "his soul to God, and his body to Doctor Macartney." This is literally the fact. At the present moment, indeed, there is a scarcity of subjects in the anatomical schools of Dublin, but this arises from a cause quite different from any interference of the authorities, or the prejudices of the people—rather from the very opposite to these. It arises, in fact, from the too great facility afforded to the exportation of our dead: they are pickled, casked, and shipped off to foreign markets. So great is the demand, and so high the premium, that the regular, steady "body-snatchers," are induced to desert their old masters, and the only

alternative is for the professors and teachers themselves to take the field, spade in hand. Bully's acre, and Merrion, the two grand Golgothas on which the anatomical fame of Dublin may be said ultimately to depend, exhibit nightly a most interesting spectacle—all the joint-stock body-snatching companies in full play. The principal anatomical schools amongst us are the University, the College of Surgeons, Park Street, and the Richmond. Of the merits of each of these establishments, and their lecturers, I shall treat, as soon as I shall have despatched the hospitals in which that most important branch of medical and surgical education, Clinical instruction, is afforded. In this respect Dublin is well supplied; upwards of 400 beds are devoted to this object; not taking into account the many and extensive fever institutions, so liberally afforded by government to the want and wretchedness of our redundant population. These do not come within the scope of my present communication. In the western outlet of Dublin, about half a mile from Trinity College, stands an elegant pile of granite, whose outer walls take in a considerable extent of territory. This is Sir Patrick Dun's hospital, or as it is inscribed in gold letters, "Nosocomium Patr. Dun, Esq. Ann. 1814." The wings, or pavilions, are devoted to the accommodation of the sick, while the central portion is occupied by the grand hall and staircase leading to the chamber of the College of Physicians, and to the library of Sir P. Dun, all constructed on a scale of magnificence, truly justifying the observation of Madame de Staël, "that our hospitals are palaces." In truth, Sir P. Dun's is a splendid building of the kind. It contains, at present, about 150 beds: 100 of these for fever patients at the expense of government; the remainder, chiefly chronic patients, on the establishment of the founder. The medical affairs are managed by a physician in ordinary with his assistant; and in the winter six months, by two of the Clinical professors, who take charge, alternately, for three months each, of the 30 beds which are set apart for the purposes of instruction. Had I a talent for sketching characters, I should not hesitate a moment to try my hand upon the physician in ordinary of Sir P. Dun's; for, indeed, he is an original. If ever there lived a perfect, "pure" physician, he

is the man. He has not only a thorough contempt for surgeon's craft, but a holy horror of even casting his eyes upon what he deems to be a surgical case. Your modern newfangled theories he detests, and new instruments are his aversion. But was there ever a rule without an exception? He admires the stethoscope, and has a great ambition to excel Laennec in the delicate use of that instrument. Blessed with ears of a very peculiar character, he rejects all vulgar stethoscopes, and carries about with him a most prodigious machine of his own invention. Any ignorant person, uninitiated in the mysteries of mediate auscultation, might mistake it for a speaking trumpet, for such it certainly appears to be in size and shape; it is besides metallic. When the learned auscultator enters a ward, his metallic trumpet in his hand, the effect is imposing. He looks like some being of the nether world, coming to rouse the dying and the dead from their slumbers.

"Ære ciere viros, Martemque accendere cantu."

(To be continued.)

MEDICAL GAZETTE.

Saturday, February 2, 1828.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

DISPOSAL OF THE DEAD.

ONE of the circumstances which at the present moment tends considerably to impede the progress of medical science, by throwing difficulties in the way of an important branch of education, is the expense of procuring subjects for dissection, and the comparative neglect of this branch of study, which results in consequence. Practical anatomy is certainly cultivated at present under great disadvantages. It is an obvious absurdity that the various corporate bodies, to whom the care of education is intrusted by the government, should institute regulations requiring that pupils shall have attended a certain number of courses of anatomy, and practised dissection during a cer-

tain period, while the laws of the land, so far from providing any means for facilitating these necessary acquirements, throw every obstacle in the way of their accomplishment. It is inconsistent both to require certain qualifications and to deprive us of the means of attaining them. We are quite aware that the rights of the subject and the prejudices of mankind render it difficult to remedy the evil, but as it has now become one of very serious magnitude, and as we know that it had received some attention from the late Secretary for the Home Department, so we trust it will be taken into consideration by his successor in office. We had intended to throw out some hints upon the subject, but having recently met with the Will of the late Dr. Sims, which contains some shrewd and interesting remarks, we shall for the present content ourselves with laying them before our readers; and as there is a good deal of originality both in the matter and manner of the detail, we prefer doing this in his own words. Perhaps, too, it may be useful at this time, when the anatomical teachers of London are using their influence with government to procure some legislative arrangement for supplying our anatomical schools with dead bodies, to know the sentiments of an English physician on his death-bed, and the practical proof that he gave of their sincerity.

The late Dr. James Sims was a physician of some note in the city of London, and retired from practice several years before he died. He was a worthy man, but somewhat whimsical, and at the commencement of the illness which terminated his life, was convinced that he should recover, if he could *catch an ague!** He visited one of the marshy districts, (we believe the fens of Lincolnshire,) but returned to London without having succeeded, complaining "that the country had been *spoiled by draining, and that there were no agues*

* Louis XI., who entertained a similar notion, prayed to the Lady of Selles that she would give him a quartan ague, but Sims took a more professional course.

to catch!" He retired to Bath, where he spent the rest of his life, and died on the 12th of May, 1819, bequeathing his body to Mr. Soden to be made into a skeleton. The will, however, was not executed in the manner which he intended; for the undertakers and all those who stand at the toll-gate which leads out of this world into the next, and who expect fees from every one who passes, fearing that they should lose their perquisites if the doctor escaped by this by-path, raised such a clamour among the lower populace of the town, that it was thought unsafe to execute the will, farther than opening the body; and he afterwards afforded the usual profits to the undertaker, the clergyman, the clerk, and the sexton.

We give that part of his will which relates to the disposal of his body. It is difficult to avoid smiling at the conclusion of it. After recounting the various ways in which mankind have been accustomed to dispose of the human body after death, a subject which even in ordinary hands is somewhat solemn and stately, he bequeathes his body to Mr. Soden for dissection, and leaves him forty pounds, and a variety of little articles, including a pewter syringe, for his trouble.

"In the disposal of my body after death, the following is the result of due deliberation. After death, the human body is left to itself, becomes a mass of deformity, losing every trace of its former appearance, loathsome to the sight, disgusting to the touch, and intolerably disagreeable to the smell, as well as highly dangerous in producing some of the most malignant disorders to which human nature is liable. To get rid of those inconveniences, various means have been at different times contrived, of which simply burial of the body under the earth was probably the first means used. In this mode at first, nothing else seems to have been thought of but the removal of the body from our corporeal senses; indeed, in process of time, pompous funerals, together with pyramids, mausoleums, monu-

ments, achievements, gravestones, escutcheons, and epitaphs, were added, in order to discriminate the bodies of princes and grandees from those of plebeians. May not this be called emphatically vanity after death?

"The next contrivance was, I believe, embalming; in which those who could afford the expense endeavoured to preserve a portion of the body by various spices and resins; yet this only preserved a shapeless mass which could not be distinguished by the most acute observer, between that of a king and a beggar. The burying the body simply, or the burying it wrapped in asbestos, so as to preserve the ashes, is also a very old mode, in which all danger of communicating infection from it appears to be avoided. Another mode of legally disposing of it, was perhaps reserved for the last century. Leopold, afterwards Emperor of Germany, when Grand Duke of Tuscany, made a law that every person dying in Florence should be buried naked in quick lime, which, by totally destroying the body, hindered the danger of infection, that had often almost desolated that town; and just before I was there, his old prime minister, a respectable nobleman, was thrown naked into the dead cart and buried so. Of all these modes of disposing of the body that of burying it in churches, or in great towns, is the most dangerous and destructive, sometimes giving rise to the plague, and often to highly fatal disorders. In Copenhagen, I am told, there is a wise law against any person being buried in that city. When shall we be taught wisdom by other nations? Enough has been said about those futile attempts to give distinction after death to the human frame, as if any just celebrity could be acquired but by virtuous actions during the life of the possessor. I come now to the only useful way in which a dead body can be disposed of, unless we adopt the boorish one of Diogenes, and have it thrown out as manure to the ground. In order to properly appreciate this way alluded to, I must first

mention that surgery is at least as useful and necessary a science as any branch of human knowledge, and that the true foundation of all surgery rests upon anatomy. How vague and uncertain were surgical opinions, until some great men broke through the shackles of noxious but universal prejudice against the dissection of human bodies! indeed, anatomical knowledge has materially assisted every branch of medicine, and even the polite arts. How small a progress then in civilisation and humanity must those persons have made, who can formally propose the penalty of death to the man who should steal a dead body! The preamble to such an act of parliament should be, to declare its intention, to transfer to France all surgical education, and all surgical knowledge to those few who were enabled to go to France for that education. When I was first in Paris, the fee for students attending the *Hôtel Dieu* for six months, was only a crown, for which the student had the liberty of dissecting as many as he chose of the dozen or more who died there every day. How different this from the management of many English hospitals, where 15, 20, 25, 50, or 500 guineas (in case of apprentices) are required. Is not this placing surgery in some measure out of the reach of a great part of the students of these kingdoms, in which I do not find talents are exclusively the property of the rich, although celebrity is thus given almost solely to them. How often have I admired the elegance, facility, and dexterity with which I have seen operations performed by those surgeons who had had an infinite number of opportunities of first performing them on the dead body! The only rational plan I can propose is, that instead of the present persecution of the resurrection men, (as they are called,) there should be a law made, authorizing the dissection of all those who die in an hospital or poor-house. This would leave to the rich their senseless distinctions in the grave, for I am aware of the old adage, "*Quid faciant*

leges ubi sola pecunia regnat." This, it may be said, would be taking a bold step; but have not all reformers of prejudices done so? so did Luther, Calvin, Knox, Copernicus, Galileo, Newton, and Lavoisier. Prejudice is seldom conquered by degrees, it must be boldly attacked in its strong hold, and if once made to stagger, the contest is over. Would not this law be wiser than the one which orders murderers to be dissected? a law which I do not believe ever prevented one murder; a law which tends, as far as a law can, to stigmatize the most important knowledge of the human frame; a law which goes to prevent a more elegant, decent, useful way of disposing of the human body, than by leaving it a prey to putrefaction and stench, too loathsome to be feasted on even by worms!

"For all these reasons I do bequeath my body, as soon as I am dead, to Mr. Soden, Surgeon of Gay Street, for the purpose of dissection, requesting him to convey it to whatever place he shall think convenient for that purpose; I desire him to make a skeleton of my bones, articulated or singly as he may judge; and for all this trouble and care, I do bequeath him the sum of forty pounds, as also my hip-bath, my pewter apparatus for giving glysters, my silver catheter, my three hollow bougies, with all the silver and whalebone stiletts belonging to them, and my vegetable bottle; and I do desire him to remove my body as soon as he can, without waiting for my executrixes' arrival."

It will be seen by the letter from our Dublin correspondent, that a physician in that city lately bequeathed "his soul to God and his body to Dr. Macartney;" and we understand that a woman, who died about a month ago in St. Thomas's Hospital, left her body for dissection, although her request was not complied with.* Mr. Jeremy Bentham, too, the

* The following is an extract of a letter from Mr. Morales, of St. Thomas's Street.

"A female died in St. Thomas's Hospital, on the 25th ult., and, on the evening prior to her death, called one of her fellow patients, and particularly

celebrated writer on jurisprudence, who is at this time enjoying a green old age, has left his body to the surgeons. When physicians and philosophers, and even the poor inmate of an hospital, make such wills as these, who can have any objection to be dissected?

ANALYSES AND NOTICES OF BOOKS.

“L'Auteur se tue à alonger ce que le lecteur se tue à abrégér.”—D'ALEMBERT.

Surgical Observations on the Treatment of Chronic Inflammation in various Structures, particularly as exemplified in Diseases of the Joints. BY JOHN SCOTT, Surgeon to the London Ophthalmic Infirmary, and Assistant Surgeon to the London Hospital.

MR. SCOTT of Bromley has long had an extensive reputation as a successful practitioner in various local diseases, difficult of cure, among which the most important are the diseases of the joints. His success has been attributed, partly to a greater attention to local treatment than is common in modern surgery, and partly to the care and dexterity with which he has applied it with his own hands. On these subjects, however, none but vague accounts had hitherto gone abroad until the appearance of the present volume, written by his son Mr. John Scott, who has had ample opportunities of becoming acquainted with his father's opinions and

requested that her body should be given up to me for dissection; this request has also been repeatedly made in the presence of several pupils: I should wish you to understand that she has no relative or friend nearer than one hundred miles of London, and that she was what is usually called at the hospitals her own security, (that is, on payment of the fee, which is one guinea, in event of death the hospital should have her decently interred:) this circumstance she particularly named during the time of making her last request, and said she would waive that ceremony altogether, as she did not wish to be buried. Accordingly, as soon after her death as possible, these circumstances were laid before the proper officer of the hospital, but who almost instantly gave a positive denial to give her up; yet, sir, notwithstanding this denial, he has permitted the body to be examined, and, by his consent, the *whole pelvis* removed, (which was the seat of disease, and for which purpose the legs were compelled to be amputated,) to add to the collection of the hospital's museum, and still persists in refusing to deliver up the remaining parts for dissection. Now, sir, one would have expected such a thing as this occurring in a public hospital, within whose walls is situated one of the largest schools of anatomy, that so good an example to the public would have been most readily assented to.” Mr. Morales asks, if they had no authority to give her up, by whose authority did they suffer so large a part of the body to be removed?

remedies, and who has fully adopted them in his own practice. We shall proceed to condense or extract those parts of the work in which its chief novelty and value consist. It commences with an endeavour to ascertain the state of the blood-vessels in chronic inflammation, the local remedies by which this state may be removed, and the various local diseases, which however different in form and seat essentially consist in chronic inflammation, and admit of being cured by the same local treatment.

This state Mr. Scott thinks essentially consists in a dilated and feeble state of the venous circulation, accompanied by increased arterial action; the result of which is, that the blood-vessels are unable to propel their contents. This is especially the case in the lower extremities, where the depending position of the part is constantly favouring the influx of blood into it, and constantly retarding the efflux of blood from it.

“The true pathology of chronic ulceration in the lower extremities appears to be this. The ulcer is only the termination and effect of the chronic inflammation by which it is surrounded, and the former cannot be healed until the latter is removed. In the treatment, the direct object is not to heal the ulcer, but to cure the chronic inflammation; for if this can be effected, the ulcer heals spontaneously. The essential remedy for this state of things is mechanical support, which restores to the vessels the power of propelling their fluid along their canals.”

Mr. Scott differs from Mr. Baynton both in his mode of applying mechanical support, and in his explanation of its action. Mr. Baynton thought that the absorbents of the leg were rendered inactive by being separated from the arteries by effused fluid, and that this effusion depended on relaxation of the common integuments. Mr. Scott thinks that the effusion into the limb is the result of chronic inflammation, not of deficient absorption.

“If a patient with an ulcer on his leg be confined to bed, the pain, redness, and tenderness will rapidly subside, and the ulcer will heal, in many cases, speedily; but as soon as he begins to use the limb, the inflammation will return, and again terminate in ulceration. If, however, the limb be subjected to mechanical support, the inflammation will subside, and the ulcer will heal as

quickly as, and often quicker than if he were confined to bed. All ulcers, not of a specific nature, which occur in the upper extremity or the trunk of a healthy person are healed with facility; yet the only difference between the parts there situated and those of the lower extremity is in the course of the venous circulation. It is clear therefore that the obstinacy of ulcers in the lower extremities depends on the obstruction to the venous circulation, and this is corroborated by the fact that the means by which this obstruction is obviated immediately get rid of the obstinacy of the disease.

Mechanical support a remedy for chronic inflammation.—“Mechanical support is a remedy equally well adapted to ulcers on the lower extremity, whether they arise from a varicose state of the veins or not. It is capable also of affording great relief in many cases of chronic inflammation not so violent as to produce ulceration. In the former cases, it is not the ulceration that is the object of our solicitude, but the inflammatory action, which induces ulceration. The ulceration ceases as soon as the inflammation is arrested; and as this has been shown to depend on distention of the veins, which are no longer able to resist the gravitation of the blood, we have only to afford such an uniform support to the limb, as shall prevent the veins from yielding to the pressure of their contents. If we adopt the adhesive bandage with this view, it must be applied in a manner very different from that in which it is recommended by Mr. Baynton. He directs the ‘middle of the piece of plaster to be applied to the sound part of the limb, opposite to the inferior part of the ulcer, so that the lower edge of the plaster may be placed about an inch below the lower edge of the sore, and the ends drawn over the ulcer with as much gradual extension as the patient can well bear. Other slips are to be secured in the same way, each above and in contact with the other, until the whole surface of the sore and the limb are completely covered, at least one inch below, and two or three above, the diseased part.’—‘The force with which the ends are drawn over the limb must be gradually increased, and when the parts are restored to their natural ease and sensibility, which will soon happen, as much may be applied as the calico will bear, or the surgeon can exert.’

“I could relate many instances in which this mode of applying the plaster bandage has been attended by great mischief. The pressure round the part of the leg encircled by the plaster and bandage is so much greater than at the lower part, where a roller only is applied, that the venous circulation is so much impeded as to cause considerable tumefaction of the foot and ankle. This produces extensive inflammation, which is propagated to the original seat of disease. Besides, in many instances, the inflammation of an ulcerated leg extends much more than an inch below the ulcer; so that, according to Mr. Baynton’s directions, we are to apply to a portion only of the disease a remedy which, when so applied, aggravates the remainder; for I repeat that inflammation is the disease and ulceration only its consequence.

“Instead therefore of commencing the application of plasters an inch below the ulcer, it is necessary to afford equal support to the whole limb, in order effectually to bring about a uniform state of the circulation. The difference between using the adhesive bandage with this view, and with that of squeezing the parts that are swollen into their natural dimensions, will be obvious to every one. By applying the plasters to the whole limb in the manner I am about to describe, we at once relieve congestion, and the attendant inflammation. The pain subsides, the lymph and serum are secreted in a less abundant quantity, and absorption going on, the limb is less swelled on the following day. In this manner it is gradually reduced to its original size and figure.

“With regard to the method of fulfilling the foregoing indication, the *emplastrum plumbi*, P. L., spread on calico, is the best application, as it does not irritate the skin. It is most conveniently made use of when cut into slips of fifteen inches in length by two in breadth. The foot being placed at a right angle to the leg, one of the slips should be applied from the first bone of the great toe, along the inner edge of the foot, around the posterior part of the *os calcis* to the first bone of the little toe; the middle of another slip should then be placed under the bottom of the *os calcis*, and its ends extended perpendicularly up on each side of the leg; the third is to be applied along the foot, parallel to the first, and overlapping the half of it; the fourth should be

placed parallel to the second, overlapping the half of it, and extending perpendicularly up the sides of the leg. In this manner they should be applied alternately along the foot, and up the leg, the one holding and, as it were, antagonizing the other in the motions of the foot until the whole limb is covered from the toes to the knee. Subsequently to this a calico bandage is applied in the usual manner, first alternately around the foot and ankle, and then up the leg as high as the knee. It is necessary to be particularly careful that the plasters and bandage be applied in such a manner that their superior and inferior edges are accurately placed in apposition to the skin, otherwise they will exert an unequal pressure, which is highly injurious. The whole should be applied with only that degree of tightness which is perfectly agreeable to the feelings of the patient, and not with a view of compressing the parts into a smaller space. In this manner every vessel in the limb will be uniformly and effectually supported.

“In respect to the time at which it will be necessary to renew the applications, that must be regulated by the quantity of the discharge; for when applied in the manner that has been described, they will remain for weeks, or even for months, without altering their position in the least.

“By adopting this mode of treatment, an ulcer on the lower extremity is placed precisely under the same circumstances in respect to the circulation, as one that has its seat on the trunk, or on the upper extremity; and will heal with equal facility.”

Mercury locally applied a remedy for chronic inflammation.—“It is now universally acknowledged that mercury has the power of subduing inflammation; that when the whole vascular system is placed under the influence of this remedy, inflammatory action subsides.

“Mercury, however, when locally applied, has the same power of subduing chronic inflammation as when internally administered, and this without producing its constitutional effect; hence we may get all the benefit without any injurious effect. Whether mercury employed in this way really possesses the power I attribute to it is a question of fact which can be determined only by experience; but it appears to me that there is ample proof of the correctness of this opinion, and I will relate a few of the cases

which have seemed to me decisive of the question.”

Here follow many very interesting cases, showing the power of mercury locally applied in diseases of the bones, testicles, eye, and breast.

“It appears to me that the foregoing cases, which are only a small part of those which I could produce, are amply sufficient to prove, that, when chronic inflammation is going on in any texture, or in any part of the body to which local remedies are applicable, the local treatment, so far from being of the least, is of the greatest importance, and that the most effectual remedies of this kind are, mechanical support, and the local application of mercury.

“I now proceed to consider the employment of these remedies in a more formidable class of affections,—namely, the diseases of the joints.

“The term white-swelling was once indiscriminately applied to most of the chronic enlargements of the joints. It is now well known, that, however similar they become in their latter stages, the disease originates in different structures. But it is often impossible to distinguish, from the appearance presented at an advanced stage of these diseases, which structure was primarily affected; and the diagnosis chiefly depends on what information we can collect about the previous symptoms and progress of the complaint. This want of distinction, however, is of less practical moment than might have been supposed; the disease, although modified by the structure in which it is seated, essentially consists in chronic inflammation, and its consequences. Hence the same principle must regulate our treatment in each form of these diseases; the practical object is to proportion the activity of the treatment to that of the disease, and this will be indicated by the urgency of the symptoms, in whichever structure disease is going on.”

We pass over the account of the progress of disease, according as it begins in the synovial membrane, the cartilages, and the cancellous structure: also, the progress of disease, according as it attacks the knee or the hip-joint; because, although the account is ably executed, and obviously depicted from nature, it contains little novelty to those who are intimately acquainted with Mr. Brodie's standard work on this subject. We likewise pass over, in the treatment of the disease, that part which relates

to the constitutional treatment. After minute and full directions about the management of active purgatives, or alteratives, and aperients, according to the active or chronic state of the disease; tonics, alkalies, diet, rest, or exercise on crutches, according to the state of the disease; warm baths, dress, residence in the country, or at the sea-side; Mr. Scott proceeds to describe the local treatment which, first in the hands of his father, and now in his own, has been applied so successfully in the chronic states of the diseases of the joints. All active inflammation being subdued by strict rest, local bleeding, and poultices, not cold lotions, to which Mr. Scott decidedly objects: he proceeds as follows:—

Method of dressing chronic diseases of the joints.—“The above-mentioned irritating, and sometimes very mischievous remedies (blisters, setons, issues, moxa,) may be all superseded by the following treatment. In the first place, the surface of the joint, suppose the knee, is to be carefully cleansed by a sponge, soft brown soap and warm water, and then thoroughly dried; next, this surface is to be rubbed by a sponge soaked in camphorated spirit of wine, and this is continued a minute or two, until it begins to feel warm, smarts somewhat, and looks red. It is now covered with a soft cerate made with equal parts of the ceratum saponis and the unguentum hydrargyri fortius cum camphorâ. This is thickly spread on large square pieces of lint, and applied entirely around the joint, extending for at least six inches, above and below the point at which the condyles of the femur are opposed to the head of the tibia; over this, to the same extent, the limb is to be uniformly supported by strips of calico, spread with the emplastrum plumbi of the London Pharmacopœia. These strips are about one inch and a half broad, and vary in length; some are fifteen inches, others a foot, others half these two lengths, and the shorter or longer are selected according to the size of the part round which they are to be applied. This is the only difficult part of the process. This adhesive bandage ought to be so applied as to preclude the motion of the joint, prevent the feeble coats of the blood-vessels from being distended by the gravitation of their contents in the erect posture, and thereby promote their contraction. Over this adhesive bandage, thus applied, comes

an additional covering of emplastrum saponis, spread on thick leather, and cut into four broad pieces, one for the front, the other for the back, the two others for the sides of the joint. Lastly, the whole is secured by means of a calico bandage, which is put on very gently, and rather for the purpose of securing the plaster, and giving greater thickness and security to the whole, than for the purpose of compressing the joint. This is an important point, as otherwise an application which almost invariably affords security and ease, may occasion pain, with all its attendant mischief.

“In some cases, in which the skin is thick and indolent, sufficient irritation will scarcely be excited by the above applications, and this may be promoted by rubbing on a small quantity of tartar emetic ointment previously to the application of the cerate. This, however, is rarely necessary.

“In some cases, also, it is desirable more effectually to prevent the motion of the limb, particularly in children. This may be done, by applying on each side of the joint, externally to the plasters, a piece of pasteboard, softened by soaking in water, and cut into the length, breadth, and form of splints. These being soft, will accommodate themselves to the figure of the joint, and, when dry, effectually preclude all motion.

“The remedies thus applied will not require very frequent removal. The time during which they may be left undisturbed, will depend chiefly on the necessity for a repetition of the bleeding, in which we must be guided by the degree of pain, or when there are open abscesses, by the quantity of the discharge. Should neither of these influence the question, the only necessity for removing the dressings will arise from their having ceased to keep up any irritation in the skin. In some cases it will be necessary to reapply them every week; in the generality of instances they may be allowed to remain a fortnight, and in others for a longer time. Even where there are open wounds, I allow them to remain several days, or a week, being firmly convinced by experience that the presence of the matter does less harm than the frequent disturbance of the part. A strumous ulcer can scarcely be disturbed too seldom; nothing does so much harm as officious dressing and probing.

“Consider the condition of a joint

thus done up. First, it is thickly encased in emplastrum plumbi, leather, and calico, by which perfect rest is ensured, and it is so supported and secured from external injury, as no longer to be a source of perpetual anxiety to the patient. It is a striking sight to see a child, who, before the application of these dressings, was in constant fear of being touched and moved, this fear keeping him in a perpetual state of nervous irritation, immediately after their application losing all fear about his joint, and permitting himself to be touched and carried with perfect tranquillity of mind. This circumstance alone cuts off a constant source of irritation to the constitution.

“ Besides this, the moderate, uniform, extended support which the plaster-bandage affords is the best remedy for the vessels, weakened by long disease, and in that state which constitutes chronic inflammation. Of this, the best proof I can offer is the great efficacy of this bandage in old ulcers of the lower extremities, which are kept from healing by a chronic inflammation of the integuments, and which heal on curing this chronic inflammation by mechanical support. Let it never be forgotten, however, that this remedy is inadmissible, as long as active inflammation exists in the joint, which it is sure to aggravate, and that, in applying it, it is of the utmost importance to distinguish between a moderate and uniform support, which affords the full benefit I have been describing, and violent unequal compression, which, by impeding the circulation, is sure to aggravate the disease. There is only one rule that can be a safe guide in this respect—to apply the plaster-bandage in such a way as shall afford ease and comfort to the patient. If it occasions pain, either on its first application or subsequently, it is either applied badly, or the part is not in a fit state for it. So much for the mechanical mode in which this method of treatment operates.

“ Next, it is a powerful means of exciting the vessels on the surface, and by that means of determining the blood from within. The skin is rubbed with camphorated spirit until it is red, and smarts; it is constantly under the influence of an ointment strongly impregnated with camphor, and, by being enveloped in an impervious covering, the perspiration of the part is confined, so

as to keep it constantly in a steam bath. In these ways the action of the vessels of the skin is greatly promoted, as is evident by the surface being no longer pale, and commonly becoming covered with a crop of slight pustules or vesicles.

“ Lastly, this surface, thus kept in a constant state of augmented action, is exposed to the influence of a powerful mercurial preparation. That mercury is one of the most powerful means we possess for controlling the action of the capillary vessels, removing congestion, and subduing inflammation, has been so fully proved of late years, more especially in inflammation of the iris, that it would be superfluous to attempt to prove it. In these cases, the whole system must be subjected to the influence of the remedy, in order to control the disease of a part. In diseased joints, however, the debility and irritability of the constitution are so considerable, that if mercury be given so as to affect the system, it invariably aggravates the disease. The only question, therefore, is, whether it exerts the same power when applied locally, without affecting the constitution. I am aware that the prevalent notions about the way in which mercury operates are unfavourable to a belief in its local operation. But if mercury did not possess a power when locally applied, why is it ever employed as a local remedy? What shall we say to the many instances in which enlarged glands and other tumors waste and disappear under mercurial plasters? When mercury is introduced into the system by friction of the skin, must it not pass through the vessels of the part before it can reach the system? and how can it pass through these vessels without acting upon them? To deny it, would be to contend, that it did not act upon the part until the whole constitution became impregnated with the remedy, and, as it were, reflected its action again on the part from which it was received; a proposition which implies a much more minute knowledge of the way in which the remedy operates than any man in the profession possesses. I trust, however, that what I have already stated is conclusive on this subject; but, at all events, I am certain that the other remedies are not nearly so efficacious if the mercurial ointment be omitted.

“ The remedies I have just detailed may be employed for any length of time,

and over any extent of surface that may be necessary, without irritating the constitution, or producing salivation. They also admit of being varied and modified in as great a degree as the disease varies or is modified by them; they are consequently adapted to disease commencing in any of the structures of which a joint is composed, as well as to the various stages in which it may be found."

Notwithstanding the copiousness of these extracts, our limits prevent us from giving an adequate account of all the practical matter contained in this volume. We must, therefore, refer our readers to the book itself. It is written in a plain, clear style, and altogether in a way very creditable to the talents and professional acquirements of the author, but its principal value depends on the mode of treatment recommended, and this can be determined only by time. It has already been adopted by Mr. Hodgson of Birmingham, at present only in diseases of the elbow-joint, and to use his own words, "with very great success."

HOSPITAL REPORTS.

HOSPICE DE PERFECTIONNEMENT.

Affections of the Neck of the Womb, treated by M. Lisfranc.

NEVER was the want of certainty in the diagnosis of cancer of the uterus more apparent than at present. Every day the neck of the womb is amputated for affections which are supposed to be cancerous, and which often have not any resemblance with each other. It is undoubtedly much to be desired that pathological anatomy should very soon enlighten us, and enable us to distinguish those cases in which cancer really does exist, and where the operation is indispensable, from those cases in which more lenient measures are sufficient. At this time, and in this hospital alone, there are eight women in whom the neck of the womb is already—or is to be amputated. We will review these.

CASE I. No. 4, St. Caroline ward, is a woman, the neck of whose womb was amputated on the 10th of December.—This woman constantly feels pains in the abdomen. In her case cicatrization does not go on so well as in those

cases which were operated on previously.

CASE II. No. 5, St. Elizabeth ward, is another woman, who has not yet submitted to the operation.—The neck of her womb is turgid, some superficial erosions and very slight growths have taken place; but there are no pains in the organ. This woman has been in the habit of passing her fingers along the vagina, even to the orifice of the neck of the uterus, in order to facilitate, as she said, a leucorrhœal discharge which she had laboured under for a long time.

CASE III. No. 6, St. Caroline ward, is another woman, who has the cervix uteri enlarged, but without ulcerations or vegetations.—There are severe pains which extend directly to the organ; the os tinæ is open, so that the middle finger can be passed through it without bruising the edges. In this case it is almost manifest that the cervix uteri is not alone affected, and that this dilatation depends on some organic production developed in the body of the organ.

CASE IV. No. 4, St. Mary ward, is a woman who was operated on, on the 30th of October.—She has gone on perfectly well; but we observe that she has constantly a leucorrhœal discharge, a symptom which amputation of the cervix uteri has not removed in any patient.

CASE V. No. 2, St. Elizabeth ward, another amputation of the neck of the womb, on the 19th of November.—In this woman there are still twitchings in the organ, but less violent than those which she felt before the operation. The leucorrhœa continues, and the hypogastrium is painful.

CASE VI. No. 1, St. Mary Ward. Two days ago there arrived a new patient, who only complained of profuse leucorrhœa, with pain at the hypogastrium when pressed upon.—She has not yet been examined with the speculum.

Lastly, in Nos. 1 and 3, St. Caroline ward, there are two sisters whose history is remarkable in many respects.—In them we see the influence which the imagination possesses in the development of uterine diseases; and also how much hereditary disposition appears to influence the predisposing causes. These two sisters are nearly of the same age; their mother and grandmother both died of some disease of the womb. Both the sisters have had children, and it was after a confinement that they were affected with leucorrhœa and some

uterine pains. They believed that the manœuvres of an inexperienced midwife were the cause of their malady. However, one of the sisters, she in No. 1, felt no pain for a considerable time, and had only a leucorrhœal discharge, to which she did not pay much attention; but her sister suffered and complained much. A friend of M. Lisfranc requested her to come and consult the professor; she came to him accompanied by her sister: he examined her, and found that she had an affection of the neck of the womb, and admitted her into the Hospital de l'Ecole. The imagination of the other sister was excited, her sensibility was increased, and she felt violent pains in the uterus: she was likewise admitted into the hospital. Ulcerations, vegetations, and even soft points were felt on the neck of the womb. The operation was decided on and performed. Thus, of the two sisters, she who did not suspect her disease was operated on perhaps with propriety, whilst the other might have been cured by some cauterizations with the nitrate of mercury, which has hitherto succeeded very well. The menses flowed at this time.

If we cast an attentive glance over these cases, a complete history of which would be too long, we shall see that the affections in which they consist only resemble each other in there being leucorrhœal discharge. We may make the same remark of all the patients whom M. Lisfranc has operated on since he has modified the operation; but if excepting this point of resemblance, we collect the other symptoms, we shall detect surprising differences. The kind of pain, the progress, the anatomical characters, are totally different; not one of these women exhibited all the symptoms of cancer. It is true that in the present state of knowledge it will be difficult, even in those tissues which are most frequently noticed by the senses, to distinguish in every case cancer from other similar affections; but it will not remain less demonstrated, when pathologists shall examine more narrowly all the affections which they denominate cancers of the neck of the womb, that there are many of them which do not deserve this name, and which do not require amputation. Persons who have been much accustomed to these examinations, can say how many diversities they meet with in the disposition, and even in the structure of the neck of the

uterus;—delivery produces in it such great and remarkable changes. I happened, a long while since, to meet with a division of one of the lips of this part; and in the interstice a floating portion, which seemed to me to be a true scirrhus tubercle, harder than the rest of the neck. On inquiring of the woman whether she felt pain in the part which I touched, she answered in the affirmative; and, if I had had the skill of M. Lisfranc, or if he had then taught me his proceeding, I would instantly and unhesitatingly have performed the amputation.

We sometimes find the neck of the uterus of an almost stony hardness and sensible to the touch, with discharge; some time afterwards the woman becomes pregnant, and all goes on well. Every body knows that the neck of the uterus becomes turgid after long standing and profuse leucorrhœa; and that there is prolapsus, and redness of the orifice. Of how many different eruptions is the mucous membrane the seat? Suppose the treatment which has been employed for the cure of these has not succeeded, we cannot justly infer that they depend on a cancerous poison; for the discharge always irritates these eruptions and prevents their healing, even when we employ the most rational treatment. Who knows even whether the discharge, by its irritating nature, is not the true cause of them? The vulva and the inner part of the thighs are inflamed by the prolonged contact of the fluids, and the mucous membrane of the neck of the uterus, which is much more sensible than that of the vulva and the skin of the thighs, cannot be irritated. Let any one reflect on the number and variety of the eruptions, excoriations, and pustules, of which the glans and its corona are the seat, in men, and the pains which they occasion, yet how seldom is it necessary to amputate these organs. In women, it is true, this operation is not painful, and does not incapacitate them from conceiving; delivery is only more rapid, if we can believe M. Lisfranc's observations.

In the majority of cases in which there is said to be a cancerous affection of the cervix uteri, we have only to do with ulcerations of the mucous membrane, whose turgescence makes us believe that there is great disorganization. To be convinced of this, it is only necessary to see a cervix which has been

amputated; in a few seconds it loses half its size. M. Lisfranc has observed this repeatedly. Can we believe that if there were true schirrus it would thus shrink?

M. Lisfranc says that we do not cauterize ulcerations of cancer of the mammæ, &c. It is true that this would be useless; these ulcerations are only consecutive to a schirrus of the breast, while most frequently all the diseases of the cervix uteri commence in the mucous membrane. We have therefore only to examine very closely the necks of uteri which are amputated every day; if we touch it, the mucous membrane shrinks, and the part touched returns to the natural state. It is always right to cauterize before proceeding to an operation. We have often seen aphthæ in the mouth remain for a very long time, and require to be cauterized. If any one wished to remove the portion of lip or cheek where the aphtha is situated, our patients would not readily submit to it, although they sometimes feel very severe pain and difficulty in mastication.

We cannot conclude these reflections without inviting practitioners to examine closely the neck of the uterus in all women who die of old age alone: we defy them to find two in a healthy state out of twenty women, taken at hazard. In the bodies of the old women of the Salpêtrière we find them almost all altered in their form, and in their connection with ulcerations, various growths, turgescence, and aphthæ; lastly, with all the different alterations which we confound under the name of schirrus or cancer. And nevertheless these women have lived for a very long time with these alterations of structure.

[We request the attention of our readers to the above curious communication from Paris, relating to the excision of the cervix uteri by M. Lisfranc. Last September Mr. Lewis, a Surgeon Apothecary, of Bath, published an account of an operation of this kind, which he had performed, and promised a farther account of its ultimate result: this promise he has never fulfilled. We have ever since been anxiously looking for the termination of the narrative, but in vain. What is the cause of this silence? Mr. Lewis is bound in justice to the profession to which he belongs, as well as by the promise which he has made, not to withhold this important piece of information. Whatever may have been the sequel of the case, it ought

to be made known. It may be justifiable to suppress an unfavourable case altogether, (although this we doubt when it relates to a question on which the profession are in want of light,) but it is not justifiable to publish the favourable half of a case and suppress the rest, whatever it may be.]

ST. THOMAS'S HOSPITAL.

Case of Phrenitis successfully treated, in which 130 Grains of Calomel were given in 40 Hours.

EDWARD RIGG, æt. 28, was admitted January 5th, under Dr. Elliotson. He is a stout, muscular man, who has apparently enjoyed robust health, lately arrived from the country, and has held, the last six weeks, a situation in Barclay's brewhouse.

Has been ill three days, and when admitted had *furiosus* delirium, constant tossing of his head from side to side; also spitting of a viscid saliva, flushed face, hot and dry skin: he answers some questions pretty rationally, but in a loud, hurried, and anxious manner; pulse 60, full and firm: says he has giddiness and sense of weight in his head, but not much pain.

V. S. ad 3xxx. Hydr. Submur. gr. x. 4tâ quâq. horâ sumend.

6th.—He fainted when a pound of blood was abstracted, after which he was for some time pretty tranquil and sensible, and for some time after apparently considerably exhausted; but towards evening he became more anxious, tossing about in bed, and furious. Twenty-four leeches were applied to the temples, and he again became more tranquil, and continued so till five o'clock this morning, when the delirium, &c. returning, he was bled to syncope, and 18 oz. were abstracted, after which he slept, and has since been more composed; he, however, still speaks in a hurried, anxious, and petulant manner. Pulse 150; not small, but easily compressed. Calomel has been taken regularly: had three motions since he commenced taken it, all dark, offensive, and liquid, but particularly the first.

Cont. Hydr. Submur. 4tis horis.

Vesp.—More furious and restless; face highly suffused; constant spitting; pulse quick, but not firm.

Hirudin. xxv. temp. Empl. Canth. Capit. Hydr. Submur. gr. x. 3tiâ quâque horâ sumend.

7th.—The directions given with the calomel last evening have been strictly observed: began taking it every *three* hours at eight o'clock, and continued till eight this morning, when the breath becoming highly offensive and mouth sore, it was discontinued. He passed a restless night, *but directly the gums were decidedly affected he became tranquil*, and is now (*merid.*) pretty rational. The pulse is reduced to 80, soft and steady; skin and tongue moist: five offensive, dark motions during the last twenty-four hours.

Omit medicament.

8th.—Slept all night, and is quite tranquil and rational; pulse 96; mouth very sore, more so than yesterday; bowels freely open; motions neither so dark nor offensive.

12th.—Convalescent.

He gradually recovered his strength, and was presented, cured, January 23d.

We shall only remark on the above case, that, whether we regard the urgency of the symptoms, the skill and energy with which the means were employed to arrest them, or the evident and decided *effect* of those measures in checking their progress, it is one of the most interesting that has for some time occurred at this hospital.

ST. GEORGE'S HOSPITAL.

Neglected Peripneumony treated by V.S. and Mercury.

JANUARY 2d.—James Golding, aged 46, coachman, complains of severe cough, with expectoration of yellow frothy matter; great pain in the left side of the thorax, which is less expansible and less pervious to air than the right; pain aggravated by any attempt to inspire deeply; orthopnoea; great restlessness. In order to get breath he is sometimes obliged to kneel on his bed with his face on the pillow and his pelvis elevated. Lips livid; countenance lead-coloured; pulse 106, sharp, full; skin hot; tongue covered with a yellow fur, pale underneath; bowels constipated for four days; urine scanty and high-coloured.

He was attacked six weeks ago with shivering heat, pain in left side, cough, &c.; he has not been bled or blistered.

Fiat V. S. ad 3xii.

Calomel, gr. v. hac nocte. H. Sennæ cras. Haust. Salin. cum Liq. Antim. Tart. ℥xx. sextis horis. Diæta parcissima.

3d.—Blood not buffy; much relieved by V. S.; he can expand his chest much more freely, but his countenance is still livid, and his pulse, although less sharp, is still rather full—100; bowels open.

V. S. ad 3vij. Rep. H. Salin. Antimonialis.

4th.—Blood slightly cupped; pain quite gone; cough much looser; expectoration almost entirely clear mucus; skin cool; tongue nearly clean; colour of complexion much improved.

Rep. Cal. et H. Sennæ. Rep. alia.

7th.—Free from pain, but still short breathed; pulse rather sharp—100; skin hotter; tongue white; expectoration thicker, and still frothy.

Rep. V. S. ad 3x. Calomel gr. ij. omni nocte.

Rep. Haust. Salin. Antimonialis. Diæta lactea.

From this time he continued the remedies until the 16th. The cough became gradually less troublesome; the expectoration lost its frothiness, and was daily diminished in quantity; his pulse became soft, his bowels acted naturally, and his urine became clear.

On the 16th the calomel was omitted on account of slight soreness of his gums, and he was on the 21st discharged quite well.

ST. BARTHOLOMEW'S HOSPITAL.

No. 1.—*Œdematous Erysipelas.*

A. P., æt. about 60, a washerwoman, of cachectic habit and rather fond of gin, was admitted January 3d, under Mr. Vincent. Her legs frequently swelled after standing at her work, but about three weeks previous to her admission, the swelling did not as usual go down from her right leg, and a small pimple appeared on the inner ankle, which she scratched into a little wound. The part soon after became stiff and painful, and the symptoms gradually increased till she came to the hospital. At that time an erysipelatous inflammation extended from the foot to some distance above the knee, the whole limb being greatly swollen, but the skin was not tense, and pitted on pressure just as a common œdema. She did not complain of much pain in the leg unless it was touched. The pulse was quick and

rather irritable; skin dry and hot; tongue furred; bowels confined.

Pulv. Jalapæ, gr. xij. Cal. gr. iv. stat. Mist. Sen. C. ʒiss. post horas quatuor, si opus sit. Mist. Sal. c. Liq. Ant. Tart. ʒj. 6tis horis. Cat. pan. cruri.

4th.—She is somewhat better; the purgatives have acted, and there is not so much fever; pulse still quick, but softer; tongue furred: the leg seems much the same. Continue poultice and foment.

5th.—She is much the same, except that there is not quite so much redness in the leg. She finds great relief from the fomentations. Pt.

7th.—A blister has formed on the outer side of the leg at its lower part, and the skin is of a deeper red colour, and does not pit except higher up. Pulse moderate, and soft; tongue furred; bowels open. Cont.

8th.—Since yesterday, a hole has burst on the inner ankle and discharged a good deal of matter. A slough has formed on the site of the blister: for the rest she is much the same.

10th.—A puncture has been made at the upper part of the leg and some pus let out; the heat and redness of the leg still continue, and there is a good discharge from the wound. The patient is getting rather weaker, but the constitutional symptoms are much improved; tongue cleaner; pulse soft; pain less. Cont.

12th.—The slough is coming away from the wound; the limb is altogether doing very well.

Infus. Cascarillæ, c. Tinct. Cinchonæ, ter die.

From this time the case has gone on remarkably well; the slough has separated and left a healthy granulating wound; the swelling and redness are nearly gone, and the discharge is lessened. The patient's health is very much improved, and she may be considered fast approaching to recovery.

No. 2.—*Erysipelas, with Sloughing of the Cellular Membrane, successfully treated by Incisions.*

On Thursday, January 3d, Mr. Lawrence admitted an old man, about seventy years of age, with phlegmous erysipelas of the right leg and thigh. The patient has been always a remarkably strong, healthy man till this attack, which commenced about a fortnight previous to his admission by

a stiffness and slight pain on the outer side of his foot, followed by shivering, and soon afterwards by swelling and redness. At the time of his admission the swelling extended from the foot almost to the groin; the skin was of a deep red colour, exceedingly tense, and the whole limb very painful. The man complained of a great deal of headach and sickness; he was hot and thirsty, his tongue covered with dark brown fur; bowels open; pulse quick, but curiously intermitting: there were four or five tolerably strong beats and then as many very faint ones, sometimes scarcely to be felt.

As he came in late on Thursday nothing was done till Friday morning, when three incisions were made, one two inches long on the inside of the thigh, another of about three inches in length on the upper part of the calf, and a third, smaller than either, just below the last. A great quantity of purulent matter and large sloughs were discharged from the wounds, but there was no great bleeding, and the man declared himself much relieved. The limb was poulticed, and he was ordered an opiate every four hours. In the night the house-surgeon was sent for, as the man was apparently dying. He immediately gave him brandy, and ordered him

Ammon. Carb. gr. v. Mist. Camph. ʒiss. Conf. Aromat. ʒss. 2ndis horis. Ext. Hyoscyami, gr. v. stat. et rept. post horas duas.

By this treatment he revived, and the next day was much better. The pain and redness were abated, the tongue still remained furred, and the pulse had much the same peculiar beat as before. As the incisions seemed hardly sufficient to give vent to the sloughs and matter, and as the skin was hollow underneath, they were enlarged, and he was ordered Quininæ Sulph. gr. ij. ter indies, et Vin. Rubri, ʒiv. quotidie.

After a few days the appearances were very favourable; the swelling and redness were very much abated, and the wounds were discharging good pus, and looked healthy. The fibres of the soleus could be seen through the incision in the calf as clearly as if dissected, and they did not show any disposition to granulate. The general health was improved. The pulse had not that peculiar feeling to so great a degree as before, but the tongue was still foul. The limb was ordered to be rolled, and the

poultice discontinued. Rep. medica-
menta.

The old man has since that time been going on well, except that two or three days after it was necessary to enlarge the wound in the thigh. At present the sores are looking very healthy, but the one in the calf appears rather tardy in granulating: the patient's general health is much improved.

No. 3.—*Phlegmonous Erysipelas—Incisions—Hemorrhage.*

Mr. Lawrence has also another case of erysipelas in the house, in which the patient almost lost his life by hemorrhage from the incision; but as, except on that point, it was not one of peculiar interest, we shall only give a brief detail of the previous symptoms. The patient was an old man, and came into the hospital about three weeks ago on account of an erysipelatosus inflammation, which arose, we believe, from a blow, and which at first had somewhat of an œdematous character, and seemed to get rather better by the application of thirty leeches twice repeated, and a bleeding, accompanied with saline medicine and purges. On the 15th of January he was ordered Haust. Ammon. Subcarb. every sixth hour, which he only took three or four times, as the stimulus seemed too much for him, for the leg began to inflame and grow painful again, particularly about the foot. On the 19th, as Mr. Lawrence suspected suppuration to have taken place, an incision about two inches long was made across the back of the foot, but as not more bleeding than was desirable took place at the time, it was encouraged by fomentation and poultice. It appears, however, that the hemorrhage soon became greater, and the nurse stupidly took no notice of it, but allowed the patient to lose nearly two pints of blood before she sent for the house-surgeon, who after he arrived had great difficulty in stopping it, but at last succeeded by pressure. The man was of course very much exhausted, and the house-surgeon gave him brandy, and ordered him

Ammon. Carb. gr. v. Mist. Camph. ʒj. Conf.
Aromat. ʒj. ter indies.

On the 21st the patient appeared in a very weak state; tongue very foul; his countenance pallid; his eyes sunk; and he could scarcely answer when spoken to, but his pulse was tolerably strong. The leg was much better, the inflam-

mation having subsided, but it was rather œdematous.

24th.—He has somewhat rallied, but still continues very weak; leg better.

Decoct. Cinchon. ʒiss. Am. C. gr. v. 3tis horis.
Some port wine and Brandy. Tinct. Opii.
gr. xxx. nocte.

25th.—Appears rather better; the medicine was changed to

Quininæ Sulph. gr. ij. ter indies.

29th.—So far we had written under the hope that this patient would rally again, but notwithstanding his apparent improvement, he gradually sunk, and died last night, in spite of the administration of stimulants.

These cases will be found to possess some interest as regards the question of incisions. One case seems to have got well on the old plan; another was successfully treated by Mr. Lawrence himself after his own method; while the third case, taken along with others of a similar description, shows that the objection to the practice of making free incisions, on the score of danger from hemorrhage, is by no means imaginary. It may, indeed, be said, that the fatal result arose from an accidental circumstance, which might have been obviated; but, undoubtedly, it must always be a very formidable objection to any method of treatment, that it renders the safety of the patient so immediately dependent on the care of the nurse or other unprofessional attendants. Prudent men will be cautious in carrying to any considerable extent a practice attended with many disadvantages, and which is necessary in but a very limited number of cases. In some it certainly affords great and immediate relief.

MIDDLESEX HOSPITAL.

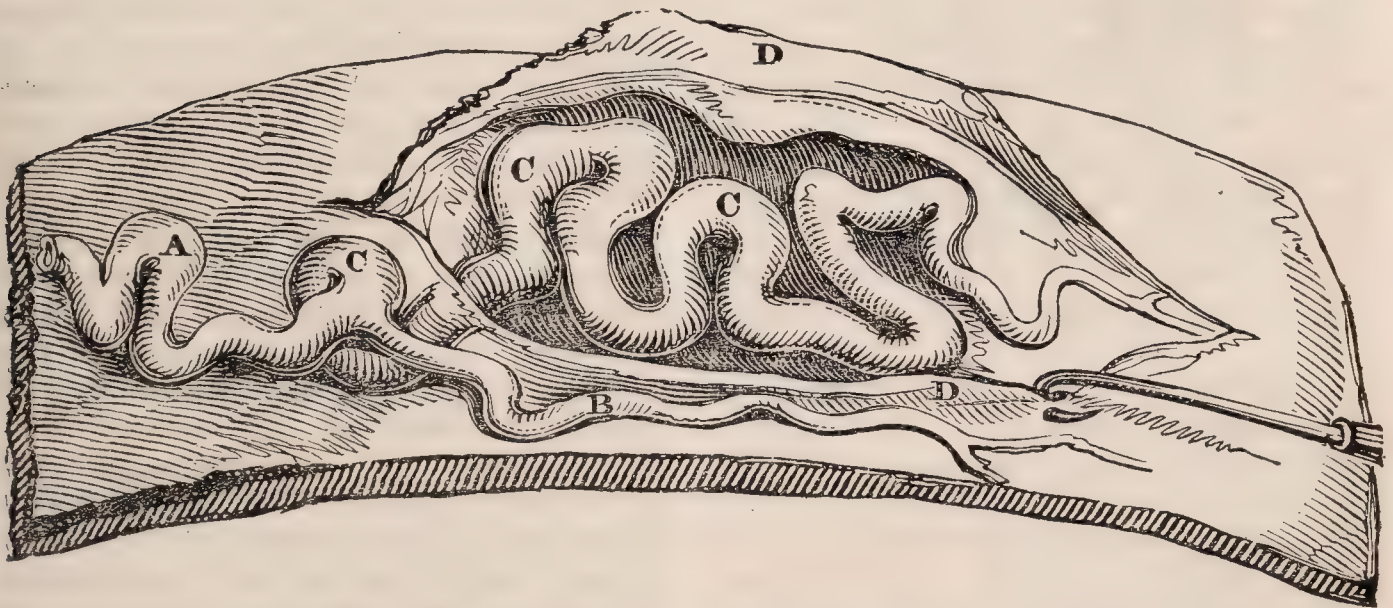
Interesting Dissection.

J. NOWLAN, ætat. 27, was admitted into the Middlesex Hospital, under the care of Mr. Mayo, on the 4th of January: he laboured under lumbar abscess, attended with great emaciation and hectic fever. On the night of the 19th he became delirious: he was, besides, unable to void his urine, which was drawn from him by the catheter: he expired on the 21st. During the last twenty-four hours of his existence he lay on his face; he was capable, however, of turning himself towards one side, being extremely feeble, but retaining, seemingly with sensation, some power over his muscular frame.

This patient has recently attracted some attention, having been one of those in whom Mr. Wardrop has tied the carotid artery. The complaint, which this operation was intended to remedy, consisted in a pulsating tumor upon the left parietal bone. We have heard that upon the artery being tied, which took place during the last spring or summer, the tumor ceased to beat. However, when Nowlan became a patient in the Middlesex Hospital, the

tumor again pulsated strongly, and when examined, felt as if it were formed of an enlarged vessel coiled upon itself, continuous with the posterior branch of the temporal artery. The opportunity, which this poor man's death afforded, of ascertaining the nature of the swelling, was not lost. Wax was thrown into the branch of the artery leading towards the tumor, and the part subsequently examined by Mr. Mayo. The adjoined sketch (*fig. 1*) is intended to show the

(*Fig. 1.*)



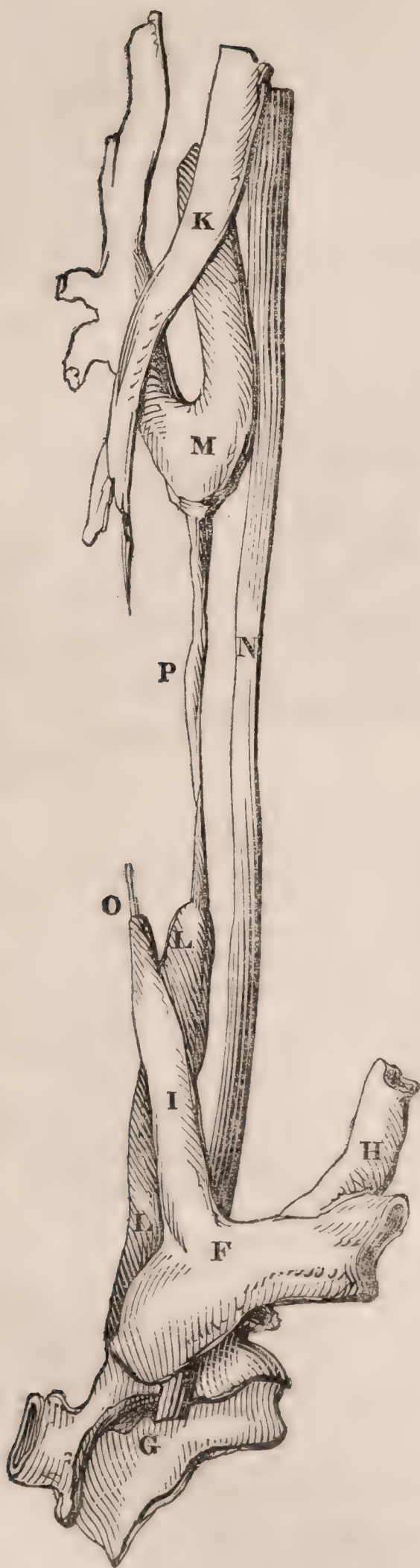
appearances which were met with. A represents the posterior branch of the temporal artery: B its ordinary continuation below the integuments: C a thick branch larger than the trunk itself, which after describing a circle perforated the tendon of the occipito-frontalis, D, and then, coiled upon itself, together with its accompanying vein, formed the tumor. The bone was worn into sinuities, where the tortuous artery lay upon it, to the depth of two lines; but it was covered with a pericranium of the usual appearance. The inner surface of the bone and of the dura mater was in a perfectly natural state.

May we not conjecture that if the temporal artery had been tied in this case, or divided, the tumor would have been cured? Supposing, however, that this remedy had failed, the tumor might easily have been removed; the tortuous artery, which formed it, had no very close adhesion either to the pericranium or to the integuments: had the temporal artery been previously compressed, and the tumor emptied by pressure, it might have been dissected out with great facility.

A very curious circumstance following Mr. Wardrop's operation was, that the left eye was observed on the seventh

or eighth day to protrude from its socket; it subsequently burst and was destroyed. Mr. Mayo remarked, previously to examining the neck, that it would be difficult to account for this circumstance, unless the internal jugular vein had become obliterated as well as the carotid artery. The anticipation was found to be correct. (*Fig. 2*) represents the parts as they were displayed upon raising the sterno-cleido-mastoideus muscle. F represents the subclavian vein. G a portion of the arch of the aorta. H the entrance of the external jugular vein into the subclavian. I the lower portion of the internal jugular vein, much contracted, but pervious to its extremity O, where it was closed. K the upper portion of the internal jugular vein, shrunk, and rendered impervious by adherent coagulum. L the lower part of the common carotid. M the upper portion of the common carotid. The separate ends of the vein were just as far asunder as those of the artery. N the nervus vagus. P a thin cord of membrane uniting the retracted parts of the artery; something similar, but not so distinct, connected the ends of the vein. It was evident that the pulsation in the tumor, after the ligature of the common carotid, had been re-

(Fig. 2.)



stored through the arteries of the brain; the blood had rushed out of the cranium along the left internal carotid to

be distributed through the branches of the external. The artery which fed the tumor was distinctly traced to be the trunk usually sent up by the external carotid upon the temple, under the name of *arteria temporalis posterior*.

The following case, which recently occurred in the Middlesex Hospital, may possibly serve to explain how the obliteration of the internal jugular vein might produce the destruction of the eye. Mary Hall, *ætat.* 26, was admitted on the 11th of January, under the care of Mr. Joberns. On the preceding evening she had received a blow with a clenched fist upon the bridge of the nose: two hours afterwards the left eye began to protrude, and on her admission it projected to that degree that the eyelids were forcibly thrust apart by it. Deep incisions were made into the orbit, but the effusion which caused the projection of the eyeball, was not of a nature to be relieved by this, or the other means adopted: the cornea is sloughing, and the eye will be lost. Thus it appears that effusion into the orbit may produce the effect which happened in Mr. Wardrop's case; and what is more likely to produce effusion in a part, than an impediment to the return of blood from it?

There was no perceptible difference between the optic nerve of the lost eye and that of the sound one. There was pus effused in great quantity round the *commissura tractuum opticorum* and along the whole base of the brain, and in the fourth ventricle. It was contained between the *pia mater* and *tunica arachnoïdes*. An effusion of pus equally copious occupied the whole length of the spinal cord, interposed between the same membranes.

PROCEEDINGS OF SOCIETIES.

HUNTERIAN SOCIETY.

January 23.

C. ASTON KEY, Esq., VICE-PRESIDENT, IN THE CHAIR.

THE minutes of the last meeting having been read, farther information was given respecting the case of ulcerated tongue. At about the time to which the former report brought down the history of the case, a small tubercle arose on the penis, and in two days it presented a sloughy appearance like the tongue, and it seemed probable that the ulcer on that

part had originated in the same manner. In consequence of the suggestions at the last meeting, the patient had been subjected to gentle mercurial influence. The nitrate of silver lotion had been applied, and afterwards a solution of sulphate of copper. The decoction and extract of sarsaparilla have since been prescribed, and the patient is getting well.

The paper on Fracture, which will be found in another part of the Number, was then read. The splint was produced, and also an etching of it in application.

The remainder of the evening was occupied by an interesting discussion on the peculiar advantages of the instrument, and on fractures of the thigh generally.

Mr. Kingdon preferred the common double-inclined plane. After well padding and applying short splints, he rolled the limb, including the plane and splints, and passing the roller around the pelvis. He then tied the machine to the four posts of the bed. This plan he found to answer extremely well.

Mr. Callaway believed that in the most successful cases a degree of shortening would be found.

Mr. Key mentioned a curious fact relative to a man who was brought into Guy's Hospital with a fracture of the femur. The dresser observed that the other thigh-bone had formerly been fractured, and had overlapped so much that it was shortened four inches. He therefore allowed the ends of the bone now broken so to overlap that the limbs were made equal.

Dr. Babington alluded to the circumstance mentioned by Lord Anson, of several of his crew having the callus uniting bones long before fractured, softened, when the men were under sea scurvy.

that event, the pain was not removed. On the fourth day, an obscure sense of fluctuation was perceived at the right inguinal and iliac regions: on the next day there were great fulness and tenderness at this part, and the fluctuation becoming more distinct, an opening of about two inches in extent was made by Mr. Key, through the parietes of the abdomen in the iliac region, two inches above the spine of the ilium. Dissecting down to the peritoneum, a quantity of highly fetid gas escaped from a small opening, and afterwards about two tea-spoonsful of thin, sanious pus, highly fetid, flowed out. By introducing the little finger, a cavity could be felt. This operation afforded slight relief. The peritoneum was full an inch and a half from the surface, and appeared of a blue colour. There was no marked odour of feculent matter. Death took place thirty-six hours after this operation.

Sectio Cadaveris. The parietes of the abdomen being partly turned back, the parts in view appeared to be healthy. In the right iliac region a shut cavity, full of thin, dark-coloured, fetid fluid, not purulent, was found. This cavity was bounded by an agglutination of the right side of the omentum to the peritoneum of the parietes of the abdomen, in a direct line from the edge of the right lobe of the liver to the anterior superior spinous process of the ilium.

[We shall give a more particular account of this case in our next Number.]

Mr. Callaway remarked, that the symptoms of this case resembled those in which dissection had shown alvine concretions, and extraneous bodies impacted in the appendix vermiformis. He (Mr. C.) had known of two examples of this description, but the great tenderness which marked the case in question was absent.

The relation of this case and dissection excited much interest in the Society; and the peculiarities of it, and the ordinary symptoms of inflammation and injuries of the intestines, were discussed. A question was raised by Dr. Shearman, on the propriety of carrying on depletory measures in all cases characterised by vascular excitement, inasmuch as the inflammatory process was not always a morbid effect; it was sometimes necessary to leave nature to herself. Copious abstractions of blood might, as Dr Burne had stated, lower the vital powers too much, and

MEDICAL SOCIETY OF LONDON.

January 14.

DR. HASLAM IN THE CHAIR.

DR. BURNE detailed the case of a young woman who died in Guy's Hospital. The chief peculiarity was an intense pain, with tenderness in the right iliac region, extending upwards, to the right hypochondrium. In spite of active depletory measures before admission, and the farther prosecution of them after

interfere with the process set up by nature, to bring the disease to a conclusion. This point was ably examined by Mr. Callaway and other gentlemen, and the difficulty of determining in many cases when the anti-inflammatory measures had been carried far enough, was pointed out.

WESTMINSTER MEDICAL SOCIETY.

January 26,

DR. JAMES SOMERVILLE IN THE CHAIR.

THIS evening Mr. Hunt brought forward the subject of *Delirium Tremens*, which gave rise to an interesting discussion, and was the means of eliciting some information upon this very curious affection. Mr. Hunt passed over the symptomatology and pathology of the disease, and proceeded at once to the treatment. This consisted in the abstraction of small quantities of blood in the first instance, and then the administration of opium, with diffusible stimuli. Mr. Hunt detailed briefly five cases in illustration, but from some of the phenomena they presented, it was much doubted whether all of them, at any rate, were genuine instances of *Delirium Tremens*. In one dissection Mr. Hunt found traces of inflammation in the brain, *viz.* coagulable lymph and serous effusion.

Dr. Johnson was of opinion, from many cases and some dissections which he had witnessed, that the disease was not necessarily connected with inflammation of the brain; and, consequently, that the basis of the treatment was not antiphlogistic, but consisted in the exhibition of opium and diffusible stimuli. In one dissection which Dr. J. had recently performed, not the slightest morbid change was discoverable in the brain or its membranes. A gentleman, who had seen a good deal of the disease, stated that diffusible stimuli, especially ammonia in large doses, were the only remedies on which reliance could be placed. Dr. Stewart had seen a good deal of the disease in the United States, and there almost all treated upon the antiphlogistic plan died, whilst those who took opium and stimulants recovered. Dr. Copland related some cases which he had successfully treated by local depletion, calomel and opium, and smart doses of castor oil and oil of turpentine. Some valuable remarks

were made by Dr. Ayre, who had seen a great deal of the complaint at Hull. He had seen it arise from the emanations of lead, starvation, and other causes besides drink, though this was the most common. His plan was to give opium in small but repeated doses, with wine or spirits, according to the previous habits of the patient. The most marked symptoms of the disease, in his experience, were the tremor of the hands; the cool skin; the perspiration; the loquacity; but, above all, the mental hallucination. Several other gentlemen delivered their sentiments; among whom were Dr. Gregory, Dr. Shiel, Mr. Lambert, &c., and the interest of the discussion was well kept up.

Mr. Barrett Marshall is to bring forward the subject of "Wounds in relation to Medical Jurisprudence," next evening.

ANNOUNCEMENTS.

HUNTERIAN SOCIETY.—The Annual Meeting for the Election of Officers, and for the Transaction of other Business, will be held at No. 18, Aldermanbury, on Wednesday, the 6th of February. The Chair will be taken at Eight o'Clock precisely. On the following Day, Thursday the 7th, the Third Annual Oration will be delivered in the Society's Room, by Benjamin Robinson, M.D.: to commence at Five o'Clock.

Afterwards the Members and Friends of the Society will dine together at the London Tavern, Benjamin Travers, Esq., President, in the Chair.

NOTICES.

The communications of "Another Country Surgeon," "Toby," "A Bartholomew Student," "B.," "A Constant Reader," "Eblanensis," "Mr. James," "Mr. Owen," "F.R." and "F." have been received.

The letter of "Veritas," has reached us, but after some delay, having been sent through a wrong channel.

The new Regulations of the "King's and Queen's College of Physicians in Ireland" have been received.

BOOKS RECEIVED FOR REVIEW.

Outlines of Human Physiology, by Herbert Mayo, Surgeon to the Middlesex Hospital, &c.

ERRATA.

Page 168, for *Ανανομος*, read *Ανανυμμος*.

„ 231, for Louse swine, read House swine.

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SATURDAY, FEBRUARY 9, 1828.

[Vol. I.

OBSERVATIONS

ON THE

QUESTION OF AMPUTATION.

BY CHARLES BELL.

Taken from his Clinical Lectures.

[On the High Amputation of the Thigh, continued
from page 205.]

I CALCULATED my incisions, in the expectation that I should have to saw across the bone close to the trochanter; for it was the opinion of the consultants that the bone was split up so far. But it was not: and it passed rapidly through my mind whether I should save any of the bone, or proceed to dissect up the muscles, and cut the femur across as high as was intended. I contented myself with pushing up the muscles.

You will here observe, that all amputations are well performed in proportion as three things are attained: first, we must preserve the periosteum upon the bone: secondly, cover the bone completely with the mass of muscles: and, in the third place, cover the muscles with the integuments. But no amputation is essentially ill performed when the bone shrinks among the muscles, and you never see its face again. So far, at least, we have been successful here. The integuments, however, did not come pleasantly together, and you will mark the consequences at the dressing of the stump: it will be longer open; although I mistake much if it does not turn out a round and fleshy stump, and such as the patient can bear well upon. But, however, be more careful in calculating the extent of the integuments to the mass of muscles on the flap.

Although there is a very great peculiarity in gunshot wounds, arising from the death of the surfaces touched by the ball before its extreme velocity is retarded, yet the question of amputation, as it regards gunshot fracture and bad compound fracture, such as you see taking place in domestic practice, is very nearly the same.

An opinion has been propagated, arising originally with the continental surgeons, that death is the consequence of operating too early in these cases; and a theory was not long wanting to correspond with this assertion. It was said that the nervous system, receiving a shock and vibration from the motion of the ball, caused the whole powers of life to fall so low, that if the shock were repeated by the early amputation of the limb, the patient would sink under it. There is some reason in this. When there has been too severe an impression on the constitutional powers, you will find the patient with great irritation, a white tongue, sick, pale, and cold; and if, while in this condition, the operation should be performed, he will die without there being any reaction of the vascular system. But before you seek to avoid the danger from operating in this nervous and reduced condition of the patient, consider what you have to encounter by delay. It will presently be found that as the patient gets out of this fluttered and feeble condition, the constitution takes the alarm in another way; the vascular system is excited, and tension, pain, and increased sensibility have taken place of the former torpid and inanimate condition. And now the operation will be severe in a threefold degree. Some have attempted, by what I think an excessive

refinement, to point out the precise hour when the operation is to be performed; but, practically, it comes to this, that when the patient has recovered from the flutter which follows a violent injury, and the nervous debility is removed, by laying him in the horizontal posture, and by giving him cordials: when he revives, and sees by the shattered condition of his limb that it must be lost, and when his mind is somewhat reconciled, then the amputation ought to be performed, and the sooner the better. I know not indeed how it happened that in discussing this question it has been thought necessary to look abroad for authority, when we have long had the experience of the British navy to direct our practice. It has been long determined that in those ships where the operations were performed even whilst the battle continued, and in those where the operations were deferred until they came into port, the success was greater in the former than in the latter.

This simple statement must have great weight. If you consider the number of men who are crowded into our ships of war, and their active and hazardous lives, even if a shot were never fired; and if you think of the crowded condition of the cockpit during an action, and the severe nature of the wounds from gunshot and splinters, you must conclude that the navy surgeons have had enough of experience on this subject, and that the question must have been long since decided.*

By the present case you may see that a man in perfect health and strength is far from being in a favourable state for suffering amputation. The lower extremity, taken from a powerful, well-made man, is a great part of his bulk; and the excitement which follows must be in proportion. The crushed bones of the leg, the fractured thigh, and the high amputation, were so many distinct shocks to the nervous system: and I confess to you my apprehension that he might have fallen into that condition that I have described. But he was carefully watched: the lancet was used when the arterial action seemed rising too high; after the bleeding, opiates had a soothing effect; his tongue is now moist, his skin soft and perspiring;

there is a good discharge oozing from the stump, and I hope his life is saved.

(CASE IV.—The subject continued, in the case of the patient in Hertford ward with distorted limb.)

This patient had fracture of his thigh eleven years ago, and it united very awkwardly. There was great distortion and consequent weakness, the motion of the knee-joint being impeded by the projecting ends of the bone. In the first place you observe, in this case, the consequences of the neglect of principles in setting a broken leg. It is not an error which may be committed and then forgotten after a time; it is like a monument set up in the community, a permanent record of the incapacity of the surgeon, which a hundred successful cases will not counterbalance.

Now as to the desire this man expresses to have his leg taken off, I have no hesitation as to the general question. You are not to cut off a man's leg because he desires that it should be done. There came a man into this hospital some years ago; he had taken exception to one of his legs, which was crooked, and would have it cut off. He was a vain little body, who suffered nothing but the unfeeling jokes from his companions. The surgeon at length, yielding to his importunities, consented, and amputated the limb, and he died. It was only the other day I was in consultation with Mr. Brodie when this question was discussed: the patient was desirous of an operation at all hazards. We agreed that his desire should go for nothing in influencing our decision; and Mr. Brodie, in illustration, gave me an instance (not in his own practice) of the son of a tailor, who had a crooked leg, and could not sit in tailor-like fashion upon the board: he suffered amputation, and died.

Now as to the present case, it may be urged that the weakness in the circulation of the limb, consequent upon the distortion, and the awkward motion of the leg, are the causes of the ulcers in the leg. This is the second time that this man has been in the hospital. Formerly his importunities to have the leg removed by amputation were resisted: he was made an in-patient, and the ulcers on his legs were healed. But here he comes a second time, the ulcers having returned; he is lame, and is so thoroughly resolved to lose his limb, that he says he must go to another hospital to have it removed if his wishes

* Mr. Bell, we suppose, forgot in this Lecture his favourite case of Jack Ratlin in *Roderick Random*; which serves to illustrate the prevailing opinion of navy surgeons in Smollet's time, in regard to this question about immediate amputation.

are not acceded to here. I look upon these ulcers of the leg as favourable to the operation. Certainly when there is an extensive discharging sore to be removed, it is a condition more favourable than if the distortion were a natural one and the skin whole. He has a distortion of the leg from an ill-set fracture: the distortion produces lameness and feebleness: from the feebleness have come repeatedly ulcers unfitting him for his occupation: if healed now they are sure to return: there is no whim influencing the patient; his determination is founded on the real inconvenience, lameness, and loss of time. As a consultant, I consider myself equally responsible as if I were to perform the operation, and I hope I am borne out in acceding to the man's wishes. And yet, if symptoms of tetanus should come on, as I have seen in other similar cases, I should feel more than usual regret.

[This man suffered amputation of the thigh: he had symptoms of tetanus which disappeared: but, ultimately, he sunk at the end of five weeks, from a bad state of the stump, and after great suffering.]

CASE IV. The question has assumed another shape in regard to *John Alwright*, a man fifty-four years of age. This is a case which, if you allow yourselves to be taken up with the discreditable discussions of the day in regard to monstrous and extraordinary cases, you will quite despise. It is the frequent recurrence, however, that constitutes the importance of a case to you, who ought now to be acquiring a knowledge of the principles of your profession. This man had a slight wound upon his little finger, from which there came a swelling of the whole arm, attended with inflammation of an erysipelatous character, the integuments assuming a dark and livid colour. His constitution was deranged, his countenance pale and haggard. Incisions made into the arm and hand discharged, first, serum and afterwards pus. We find from the case that the constitutional symptoms became worse; he was anxious, restless, his pulse small and frequent, his tongue brown. From this depressed condition he revived, the erysipelatous blush upon his arm disappeared, but he was subject to have a recurrence of the attacks, ushered in with slight shivering, rapid pulse, and dry tongue. You ought to have all the

variety of his symptoms, with the prescriptions by my colleague, in your case-book.

Now as to the state of this man's arm and the question of amputation. Effusion has taken place repeatedly throughout the hand and wrist, in the interstices of the tendons, and in their theca, and an abscess has exposed the joint of the thumb: the fore-arm is not in a much better condition; an abscess surrounds the elbow-joint.

What is to be the ultimate state of this patient's arm, supposing the most favourable termination of the present inflammation? The elbow-joint will most likely be stiff, the fore-arm wasted, the fingers crooked like a bird's talons, and the whole movable texture glued up by adhesion. In the next place the state of the arm and hand is influencing the man's general condition, and prevents his constitutional powers rallying. These are the reasons for amputation. Now let us see what is to be said against the operation. The original accident was a scratch by a piece of slate upon the little finger. You cannot attribute all this misery to that accident alone. You see that it is the influence of a bad condition of the system joined with the irritation of this scratch, that have produced the bad inflammation and suppuration. Has then this disposition subsided? for if it has not, what can you expect to follow the amputation but a condition of the stump as bad as the condition of the hand? That this disposition has not subsided you have sufficient evidence. You see that at one visit we leave him in a condition of amendment, and on the next visit we find that he has had a slight shivering in the night attended with sickness, and we see an erysipelatous blush around the elbow. This erysipelatous blush would, in all likelihood, be transferred to the stump if amputation were performed; and that is my reason for giving an opinion against the operation.

You know the distinction between the phlegmonous and erysipelatous inflammation: the first is the necessary consequence of injury in the healthy condition of the body; the other always arises from a reflected influence; although it appears to proceed from the hurt, it is, in truth, a consequence of a condition of the system previously existing, which, though it may continue without showing itself, if there be no breach of

surface, will produce the most formidable effects from apparently the slightest accidental scratch. On one occasion I gave a Clinical Lecture on three cases of mortification: the one was a blackness of the whole extremity consequent on the patient hurting his knuckle on a rough wall: the second was a mortification of the penis from chancre: and the third sloughing of the integuments of the head from a wound of the scalp. It was impossible in these instances to attribute the same effects to different causes; they did not result from the wounds, but were more fairly attributable to the similarity of the constitutional disorder in these three patients. We had some time ago a young woman in Handel's ward with disease of the knee-joint. The disposition to erysipelas was remarkable in that patient. If leeches were applied, an erysipelatous blush extended up the thigh; a blister had the same effect; caustics were ordered, and she nearly died of the erysipelas thence arising. She at length, after much delay on account of this disposition, suffered amputation, and narrowly escaped with life from a bad condition of the stump, ushered in with erysipelatous inflammation. The practice, therefore, is to delay all operations with the knife until, by attention to the general health, the disposition to erysipelas is removed.

(The patient Alwright gradually acquired strength, and was able to leave the hospital.)

ABSTRACT OF A COURSE OF LECTURES ON EXPERIMENTAL PHYSIOLOGY.

By M. MAGENDIE.

Lecture 4th.

ON DIGESTION.

BEING unable to show all the experiments on digestion, M. Magendie selected the following:—

1st.—The abdomen of a young dog being opened, he blew through a tube, introduced into the small intestine, a certain quantity of air, by which the stomach was distended. To reach this viscus the gas easily passes through the pylorus. It must be remembered, however, that this experiment having been performed successively on two animals,

in the first, the air only passed through the pylorus at certain intervals, although the "insufflation" was continued, whilst, in the second, the entrance of the air into the stomach was regular and continued. This proves, according to M. Magendie, that the entrance of the air in this manner is sometimes continued, sometimes intermittent, which can only depend on an alternate contraction and relaxation of the pylorus.

2d.—This intermittent, accidental, and short closure of the pylorus on the side of the intestine, is nothing in comparison with the prolonged and constant closure which is experienced when we wish to propel air from the stomach into the intestine. It requires strong pressure on the parietes of the stomach, even when we do it on the intestines detached from the body.

3d.—The stomach being thus distended, if we press on its parietes, a larger or smaller bubble of air passes, from time to time, into the œsophagus, and ascends as high as the middle or two-thirds of this tube. This passage does not depend merely on the degree of pressure. In order that it may be continued, it is necessary, in the introduction of the air, to wait for an instant till such time as the cardia will allow it to pass through.

4th.—Every time that we thus make a bubble of air to pass into the œsophagus, we observe in this tube, and precisely at the highest part which the bubble occupies, a very sudden contraction, which extending by degrees to the cardia, like a vermicular contraction, causes the bubble of air to return into the stomach, so that nothing escapes through the œsophagus. When the bubble of air introduced into the œsophagus is larger, a part passes out upwards and part returns into the stomach. This bubble is thus found to be divided into two parts by a contraction of the tube, which forces one part upwards and the other downwards. These contractions of the œsophagus do not cease instantly. The whole of the tube undergoes a kind of balancing or vermicular motion, some time after the evacuation of the air which it contained. When the animal is very feeble, or dead, these movements take place still, but more feebly, slowly, and irregularly.

5th.—When the stomach contains food, we see, if not as soon as it is exposed, at least some time afterwards, its pyloric portion contracting slowly

and gradually towards the duodenal opening. It is this movement which propels the softened aliment or chyme into the small intestine. Soon afterwards, and in proportion as the contraction ceases on the side towards the duodenum, it is prolonged more in the opposite direction; that is to say, it is directed towards the splenic extremity, into which the unchymified food is thus projected. When this second movement has ceased the pylorus is no longer contracted; it appears more capacious and immovable. But is it quite certain that this last condition is what we call the state of relaxation of the pylorus? Are not the fibres of this part more flabby in this condition than in the simply relaxed state? Is not the permanent rigidity of these fibres owing to an active distension or dilatation, although slow and gradual, and analogous to the distension of the stomach during vomiting? Would not this active distension of the pyloric region have for its result to draw into its cavity, by a kind of slow suction, the softened aliment or chyme which is found in it exclusively?

6th.—The first animal had eaten one ounce of mutton, two ounces of beef, and two ounces of bacon; the pieces of these three meats had been cut each in a particular way, in order that they might be recognised in the stomach. When the stomach was opened we saw the morsels almost entire, and very recognisable in the splenic portion; the surfaces or edges, by which they were in contact with the parietes of the stomach, were converted into chyme. Those which occupied the centre of the viscus, and especially those which arrived last in the stomach, had scarcely undergone any alteration. The bacon had almost totally disappeared, although it was eaten last, but it was in very small pieces. This digestibility of bacon had already been pointed out by Sir Astley Cooper as constant in dogs and cats.

The splenic portion contained only chyme; and we observe that this chyme is pultaceous, greyish, oily in the duodenum; that the contact of the biliary and pancreatic liquors had precipitated from the chyme (which is very acid, and deeply reddens turnsole) a white, liquid, unctuous matter mixed with the colour of bile. This "brute chyle," as M. Magendie calls this matter, becomes purified in the small intestines, where the bile remains and becomes thickened

by mixing with the residue, the white chyle passing into the lacteals. The chyle of this animal, taken from the thoracic duct, is white, milky, opaque, of the smell and taste of blood, with a slight smell of prussic acid, the poison by which death had been produced.

7th.—The second dog eat five ounces two drachms of bread, eggs, and cheese. The chyle presented a totally different appearance from that of the first dog. It was milky, but less opaque and viscid.

8th.—A third dog, very young, eat only spinage. We found only mucus in the stomach. The gastric digestion was complete; and the animal having eaten only a few hours before the Lecture, we see that the digestion of spinage is much easier than that of bacon. The chyle was colourless.

All these animals before this last repast had been kept from food for at least a day, in order that we might examine only the products of *one* digestion.

ACCOUNT OF SOME CURIOUS PATHOLOGICAL APPEARANCES.

BY CÆSAR HAWKINS,

Lecturer on Anatomy in Great Windmill Street.

I.—*Remarkable Alteration in the Joint in a Case of Distortion.*

THAT the relative size and perfection of the different parts of an animal body depend in great measure on the due exercise of their respective functions, is a fact in physiology too well known to require illustration. In no structure, however, is this phenomenon more striking than in the different joints; so that every surgeon is familiar with the fact of the formation of new joints in cases of ununited fractures, or unreduced dislocations, and with the filling up of a socket, and the degeneration of the ligaments of a joint which is no longer used. The following case illustrates very forcibly the accommodation of joints to new circumstances, to which I allude.

A middle-aged man was brought into the dissecting-room in Great Windmill Street, distorted to such a degree, that he appears to have used crutches for a great length of time, and to have employed his feet only to support the weight of his body, while the ends of the crutches were brought forwards in walking. The spine had a double

lateral curvature, in which the usual difference of thickness was observable from the pressure on the sides of the bodies of the vertebræ; the pelvis was twisted, and one side lower than the other; all the long bones were distorted and curved in different directions, and the growth of the different parts of each bone very irregular. The feet and hands were also curved, so that he could only have walked on the outside of his feet, and must have had a very imperfect use of his hands from the twisting of the fingers, and the ankylosis which had taken place between several of the phalanges in a disadvantageous position. In short, he must have laboured under the disease of rickets early in life to a very high degree. But I wish more particularly to describe the changes which the joints of the shoulders, of the hips, and of one knee, had undergone, so as to illustrate my first remark.

Probably while this man suffered from rickets, his left knee had been dislocated, in such a manner that the tibia rested on the fore-part of the femur. In order to accommodate the bones to their new position the back part of the tibia had been absorbed, so that a flat surface had been formed rather behind them on the superior surface of the head of the bone. The condyles of the femur had been altered in size, and the lower end of the bone had been absorbed to receive the head of the tibia on its fore-part instead of on the condyles, presenting to a certain extent a hollow socket in this situation, which was deepened still farther by the growth of a large knob of bone from the surface of the shaft of the femur, above the part with which the tibia was principally in contact. The surfaces of the bones were covered with new formed but imperfect cartilage, and a perfect synovial membrane, with ligaments of considerable strength, surrounded the whole of the extremities of the bones.

Thus a new joint had been formed strong enough, as it would seem, to support weight; but as the ends of the two bones no longer touched each other, but the anterior surface of one was in contact with and overlapped the posterior surface of the other, all flexion of the joint must have been prevented, and the limb must constantly have been in a state of extension. From this circumstance another deviation from the natural appearance of the parts was observed in the patella. The office of the patella

and of the sesamoid bones is to assist the action of those muscles, with the tendons of which they are attached, by altering the direction in which they act; thus giving them new power, in proportion as they begin to lose their strength by the shortening which their fibres have undergone in contracting in their original direction. Thence arises the size of the patella, corresponding to the power of action required in the extensor muscles of the knee-joint. But in this new joint less strength was required in the extensor muscles, which did little more than balance the leg while the person was standing, and they always acted in one straight line only. Accordingly the patella had never grown since the period of the disease or injury which had produced the dislocation, if, indeed, it had not actually diminished in size; at all events it was not more than a quarter of the size of the patella of the other limb, where the motions of the joint remained perfect.

In the next place the hip-joint had undergone a remarkable change in its formation. This person only used the legs to stand upon, and did not turn the femur in the socket, nor rotate the pelvis upon the femur. He required, when sitting down or rising from his seat, to bend and extend the hip-joint, and when walking, his legs were swung forwards by the flexor muscles of the hip, but there was not that rotation of the pelvis and femur upon each other, which is necessary when a person advances each limb alternately. In short, only the motion of a hinge-joint was now required, and the enarthrotic joint of the hip was therefore nearly converted into the form of a hinge-joint. On each side of the body the neck of the femur was absorbed, so that the trochanters and the head of the bone were close to and level with each other; the neck being required to stand out freely so as to allow of extensive circular movements in a natural hip-joint, but this form not being necessary in the more limited motion which the joint now performed, the head of the femur no longer formed about three quarters of a circle, but was flattened and widened, so as rather to form a small segment of a very large circle. The acetabulum was at the same time wider than usual, to correspond with the increased size of the surface of the femur, and the cavity much more shallow than is generally met with.

The last remarkable circumstance I

observed was in the shoulder-joint. The employment of crutches necessarily separates the head of the humerus from the side of the body, and pushes it outwards and upwards, so as to increase the pressure of the bone against the acromion. The shoulder-joint was, therefore, much more lax, and the capsular ligament more extensive than natural, and there were a great number of enlarged and thickened bursæ between the head of the bone and the acromion, which were filled with a quantity of thick gelatinous fluid, to obviate the inconveniences arising from the great pressure produced by the employment of the crutches.

II.—So little is known relative to the diseases of the nerves, that perhaps the following facts, although I am unacquainted with the history of the subjects of them, may not be undeserving of record.

1. *Curious Appearance of the Median Nerve.*

In the dissection of the arm of a female of middle age, who had been brought into the dissecting-room of Great Windmill Street, the following appearances were observed. The flexor digitorum sublimis was altered in structure rather below the middle of the fore-arm, the two portions of the muscle belonging to the middle and fore fingers having a transparent, ligamentous substance about an inch in length, uniting the muscular with the tendinous parts; this new intermediate substance having the form of tendons, but being much thinner, and not fibrous. The flexor carpi radialis was partly deficient, the upper muscular part being small, and having united with the flexor of the fingers above the ligamentous substance just mentioned, and only about half an inch of the tendon remaining above the annular ligament, the end of which was ragged, as if torn. The median nerve, about the middle of the fore-arm, terminated in an oblong tumor, about one inch in length, and a third of an inch in diameter in its largest part, of a light brown colour, soft but firm in consistence. At the upper end of the tumor the fibres of the nerve separated from each other, and were spread out principally on the outside of the tumor, retaining their white colour, while at the lower end the tumor adhered to the raw ligamentous part of the flexor digitorum sublimis so firmly that it

could not be dissected from it. The median nerve, below the annular ligament of the wrist, was of the general size, and was distributed in the usual manner, but the trunk being traced upwards, it was found not to be connected with the tumor at the end of the upper part of the nerve, but about an inch above the wrist to descend towards the outside of the arm, and to become firmly united to the ragged tendon of the flexor carpi radialis close to its insertion into the trapezium, forming a loop, the convexity of which presented upwards. There was thus a complete separation of the median nerve into two parts, with an interval of about three inches between them. No nervous filaments passed from the end of the tumor towards the highest part of the loop formed by the lower end of the nerve, nor was there any of that soft substance which often intervenes between the cut ends of a divided nerve, before time has been allowed for the formation of new nervous communications. There was, however, an enlarged branch of the superficial division of the muscular spiral nerve, which was given off about four inches above the wrist, and descended through the soft mass already described in the flexor digitorum sublimis, to join the convexity of the loop in the median nerve, and one or two smaller anastomoses were formed by filaments coming off nearer to the wrist. The communicating branches between the ulnar and median nerves in the hand were not larger nor more numerous than are usually found.

For half an inch above the annular ligament, the radial artery was of its usual size, but was entirely deficient for nearly three inches higher than this point, the lower part of the artery being supplied by an enlarged branch of the interosseous artery.

From the alteration which had taken place in the muscles, nerve, and artery, at the same part of the fore-arm, it seemed most probable that some wound had been inflicted a considerable time before this woman's death, by which all these parts had been divided in such a manner as to produce the curious adhesions which I have described; and that the tumor which had formed at the lower end of the upper portion of the nerve, was the result of an effort to prolong the extremity so as to effect a junction with the lower portion, something similar to this enlargement being

often seen connecting the divided ends of a nerve, though I have never seen so much new substance formed in such circumstances; but no cicatrix or other evidence of a wound could be perceived, nor was there any external indication of any disease having existed, nor indeed does it appear easy to imagine that any internal disease could have produced such a separation of the nerve: and yet it is evident that it could not be a natural formation, since the muscles and artery were also unusually formed, and the enlarged branches of the spiral nerve are similar to the new filaments which are often thrown out to connect two portions of the same nerve when cut through. I am disposed, therefore, to imagine that some wound had been received, but that the cicatrix was not large enough to excite attention, and that it had been rendered less conspicuous by the time which had elapsed since the person's death, or that it had been accidentally destroyed during the dissection.

Whatever be the cause of such a division of the nerve, it would have been highly interesting to have known the circumstances attending it. From the time of Galen many experiments have been instituted to ascertain the interval which elapses before a nerve regains its functions, and the observations of Mr. Swan have made us acquainted with the manner in which the reestablishment of the nervous influence is in most instances effected; by the intervention, namely, of a peculiar soft substance when the two ends are nearly or actually in contact with each other, or occasionally by the formation of new connecting nervous filaments, which were, in this instance, thrown out from another nerve, the spiral, and not from the divided median nerve. With regard to the restoration of sensation in the parts supplied by the spiral nerves, the remarks made by Mr. Abernethy and by many other surgeons, who have performed similar operations to those related by him, are sufficient to establish the fact, that no long time elapses before the parts thus insulated recover their sensation; and many instances of division of the nerve in cases of *tic douloureux* of the face, have proved that the same circumstance takes place with the branches of the fifth nerve. Some unfortunate cases, on the other hand, of division of the deeper nerves, as of the sciatic nerve by a musket-ball, have

proved that the recovery of muscular power is much more slow than that of sensation, so that some persons have remained crippled by such injuries for eight or twelve months, or for their whole lives. In this case, from the size and appearance of the muscles which were supplied by the median nerve below the division, I should judge that this woman had full command of her hand, so that the few small branches of communication with the spiral nerve must have been sufficient for the propagation of the nervous influence from the spinal marrow.

2. *Concretion round the Phrenic Nerve.*

In another subject in the dissecting-room a bony concretion, such as may often be found near the root of the lungs, and which is probably a deposition in one of the bronchial glands, had been formed on the anterior part of the root of the right lung; this tumor was very dense, irregular on the surface, and about the size of a large filbert, and mixed with carbonaceous matter. The deposition had taken place at the part where the phrenic nerve passes towards the pericardium, and had arisen in such a manner as to occasion a splitting of the nerve into three distinct filaments, two of which were quite surrounded by the calculus, the other only adherent to its outer surface. No enlargement existed in these portions of the nerve, which passed on as usual to be distributed to the diaphragm. But on the upper surface of this muscle, under the pleura, another small absorbent gland was enlarged, but soft in its texture, and through this gland several filaments of the same nerve again passed before they were lost in the muscular fibres.

I have often seen the *nervi vagi* surrounded by diseased bronchial glands, where there did not seem to have been any disturbance of the viscera supplied by the nerves. But from the very hard nature of the concretion, which in this instance completely encircled the phrenic nerve, it appears not at all improbable that such a circumstance might give rise occasionally to an incurable asthma, from the disturbance which it would produce in the action of the diaphragm.

Half Moon Street, January 21.

TWO CASES OF MEDULLARY SARCOMA OF THE TESTICLE.

BY H. EARLE, F.R.S.

RICHARD BENSON, ætat. 48, was admitted into St. Bartholomew's Hospital in April, 1827, on account of a very large indurated tumor in the scrotum, having all the characters of a schirrous testicle. He stated that he had worn a truss for some time. The upper surface of the tumor was very irregular and hard, and the spermatic cord appeared to be much thickened, even within the inguinal canal. He was kept in bed, and his bowels were freely moved. In consultation it was considered as a case of diseased testicle, which had advanced too far to afford any hopes from an operation. His general health was not impaired. After some time I directed him to use mercurial friction, under the influence of which the tumor very gradually diminished in size, and became looser and smaller at the abdominal ring. An operation was now recommended, but the patient was unwilling to submit to it. He quitted the hospital and returned to his employment. In a short time the tumor became very large and painful, and he again applied for admission November 10. At this time the testicle had the same character which it had presented on the former occasion, having a hard irregular surface, with a more elastic feeling on the under side. He was subjected to the influence of mercurial friction, which again reduced the size of the swelling, and appeared to lessen the bulk of the cord and the swelling within the pelvis. On the 13th of December, Mr. Lawrence examined him with me, and concurred in opinion that under all the circumstances of the case an operation ought to be performed, to which the patient very readily assented. I determined, if necessary, to follow the spermatic cord within the canal, as the testicle was closely drawn up towards the external ring, leaving but little space for the operation. On making the first incision, at the upper part of the tumor, in the direction of the spermatic cord, an opening was made into the tunica vaginalis of the cord. The integuments were very thin at this part, and the tunica vaginalis very prominent. A small portion of omentum became apparent, and I im-

mediately perceived that the case was complicated with rupture; that it was, in fact, a case of diseased testicle with scroto vaginal hernia. On turning aside the protruded omentum, the cord was found of its natural size, but very short, being less than an inch from the epididymis to the external ring. The cord was drawn down, and a needle, armed with a double ligature, was passed between the blood-vessels and the vas deferens, as a security against any retraction. This was subsequently removed. The vessels were then divided, and two branches of the spermatic artery secured with separate ligatures. The testicle was removed with nearly the whole of the vaginal sac and a portion of the scrotum: and the omentum, which adhered slightly by a narrow band to the epididymis, was carefully returned within the abdomen. The integuments were brought together with sutures, and compresses of wet lint were applied and supported by a bandage. Thirty minims of laudanum were given to him, and he was sent to bed. He passed a good night, and the following day he was in a very favourable state.

He had pain and tenderness about the abdomen for some time after the operation, and required to be bled repeatedly; but on the 11th of January the wound had entirely healed, and he stated that he never had enjoyed better health than at that time.

It appeared that he had been in the navy about twenty years before, when he received a severe blow in the groin which he believes caused a rupture, for which he received a pension from government, and wore a truss for a considerable time. The swelling of the testicle commenced about the same time and gradually increased. He is not aware that the testicle on this side descended at a late period of life, but from the circumstance of the shortness of the cord, and the existence of hernia within the vaginal coat, it is probable that this was the case. On examining the testis after its removal, it exhibited all the characters of medullary sarcoma. The epididymis was much indurated, and had more the appearance of carcinoma. The cord was apparently healthy. The coexistence of omental hernia satisfactorily explained the gradual reduction in the size of the tumor, as it is not probable that the mercury exerted any influence over the body of the testis. The recumbent posture, a strictly regulated

diet, and the mercurial friction, probably caused an absorption of the fat of the omentum, and thus reduced the volume of the tumor.

A very analogous case to the preceding occurred in my private practice in the course of last year. Mr. T., of Basingstoke, consulted me in the month of June, 1826, respecting a disease of his right testicle. He stated that the testicle had not descended until about sixteen months before that time. That it gave him great pain in its descent, and was accompanied by hernia, for which he wore a truss, which he believed had caused the testicle to swell. He had tried the repeated application of leeches, with confinement to bed, and mercurial friction to salivation, but without benefit. The testicle continued to swell, and was too painful to admit of the use of the truss; it was as large as a full-sized orange, having the elastic feel of medullary sarcoma. As he was yet in the prime of life and had a large family, I considered it right to propose an operation, to which he assented. The operation was difficult, in consequence of the shortness of the cord, and the size of the opening through the inguinal canal. I adopted the same precautions with respect to the cord which I have mentioned in the last case. It was necessary to tie three branches, and on withdrawing the *ligature d'attente*, the cord was instantly retracted within the canal. I removed the whole of the tunica vaginalis or hernial sac, with the testicle and great part of the scrotum. The patient was in an irritable, nervous state from confinement and the use of mercury. The weather was intensely hot, and erysipelas very prevalent. Every precaution was taken to keep down inflammation and regulate his health, and he went on most favourably for a week. He was then attacked with erratic erysipelas, commencing in the scrotum and groins and extending gradually over the abdomen, nates, and loins, and down both thighs. With much attention these unfavourable symptoms were successfully combated, and he eventually recovered. The hernia was permanently cured. I have repeatedly heard from him since, and am happy to say he is in perfect health, and has lately become the father of a fine child. The structure of the testicle was decidedly medullary, dispersed in cells, with firm carcinomatous bands crossing it. The epididymis was very

firm. No part of the testicle retained a semblance of its original structure.

From the time which has now elapsed, and the perfect health he enjoys, there is every reason to hope that the disease was confined to the testicle, and may probably have been induced by the pressure of the truss. In the case of Benson, related above, the great amendment in the state of the health, and the subsidence of threatening symptoms of affection of the lungs and abdominal viscera, afford a reasonable ground of hope that the cure may be permanent, though it is yet too early to warrant such a conclusion, when the frequent recurrence of this disease in various remote structures is considered. I shall continue to make observations on the progress of the case, and shall be happy to communicate the result. In both these instances the removal of the sac was productive of a radical cure of the hernia.

HENRY EARLE.

George Street, Jan. 17, 1828.

STETHOSCOPE.

To the Editors of the London Medical Gazette.

Gentlemen,

IN the ninth Number of the *Medical Gazette*, Dr. Gregory has published a letter reflecting on Dr. Johnson, in consequence of a notice of the discussion on Auscultation, which took place in some late sittings of the Westminster Medical Society. Dr. Johnson has no hesitation in appealing to the members of that Society as to the accuracy of the short statement given. He hopes Dr. Gregory can as confidently meet his brethren with a similar appeal on his part. The worthy doctor may greet himself on the tone of feeling evinced towards those who have always treated his writings with liberality and respect. Dr. Johnson is by no means disposed to follow the example. He will leave all personal feeling out of the question, and merely allude, in unimpassioned language, to two or three topics in Dr. G.'s letter. First, alluding to the inutility of auscultation and percussion, Dr. Gregory informed the Society, and now informs the public, that "the diagnosis of *hepatized lung* was long ago *fully taught* at St. George's Hospital, especially by Dr. Nevinson." Dr. Johnson asked

Dr. Gregory in the Society, *how* this was taught? Dr. Gregory could not tell! Dr. G. repeats the assertion in a public journal, and Dr. Johnson calls upon Dr. Gregory for an answer to the question. If Dr. G. can give no answer, then he is in a very unenviable predicament. Secondly, Dr. Johnson calls upon Dr. Gregory to *verify* the following passage in his letter: "Dr. Johnson may talk of the *wretched* state in which the pathology of the chest was before the days of Laennec and *Corvisart*, (Avenbrugger and Laennec,) and give it as *his* opinion that Dr. Baillie's knowledge of the connection," &c. The report runs thus—and for the accuracy of this report, Dr. J. appeals to the Society. "Dr. Barry, in a luminous speech, showed the *wretched* state in which the pathology of the chest was before the days of Avenbrugger, Corvisart, and Laennec," &c. &c. Thus Dr. Gregory's warmth of feeling prevents him from seeing the most obvious *facts* in the report, and has hurried him into *misapprehensions*, if not *misstatements*, of the strangest kind, and upon which Dr. Johnson would be fully authorized to make animadversions of the severest nature, but from which he will abstain. Thirdly, Dr. Johnson is accused of self-adulation, on the following grounds: "The value and utility of this auxiliary to diagnosis was (were) *ably maintained by Dr. Johnson*."—Dr. Gregory's letter. This is given as a quotation, and within commas. What will the reader think of Dr. Gregory's candour when the correct quotation is adduced? "On the other hand, the value and utility of this auxiliary to diagnosis was (were) ably maintained by Mr. Mackelcan, Dr. Barry, Dr. Sheil, Mr. Bennett, Dr. Milligan, Dr. Johnson," &c.—*Report*. Thus Dr. Johnson put himself (and very properly) at the very bottom of the list of auscultators, while Dr. Gregory cuts out of the sentence the whole of the part which does not suit his purpose, in order to make Dr. Johnson appear an egotist of the most gross kind! And this distortion of facts and garbling of passages are what Dr. Gregory styles "the *argumentum ad hominem*." Dr. J. leaves the public to decide who is the *homo* to whom this argumentum applies. Fourthly, Dr. Gregory winds up with, what he no doubt considers, the *coup de grâce*: "The *Lancet* and the *Medico-Chirurgical Review*, differing as they do on almost all other subjects, are

agreed in their mutual estimate of the powers of the stethoscope." The object of this insinuation is sufficiently obvious. But Dr. J. begs leave to remind Dr. Gregory that he advocated auscultation and percussion many years before the *Lancet* was born; and that, although the *Lancet* (a journal which knows no more of auscultation than Dr. Gregory, or the leaden types and iron cinctures by which its pages are composed) has occasionally spoken favourably of the stethoscope, he is not among those who immediately change their creed because an enemy has embraced the same faith. This is not the path by which the *Medico-Chirurgical Review* has attained its present footing in the profession; and were it not that Dr. Gregory is already overcharged with professional knowledge, Dr. J. would advise him not to spurn the advances which may be made, from time to time, in that art of which he is such a distinguished teacher.

Yours, &c.

February 2, 1828.

JAMES JOHNSON.

[As both parties have now been heard, we hope that we may look upon this little altercation as concluded.]

DESULTORY REMARKS ON THE INFLUENCE OF CLIMATE.

I WAS much struck with some notes to Blumenbach's *Natural History*, published in the *Medical Gazette*. Among others, there was one which tended to prove that great differences of form might exist in the same species of animal; and that these differences were to be attributed to climate, nourishment, or some other adventitious cause. The question whether the varieties of the human race are accidental or not, has been agitated with great learning by the best physiologists of the continent. The facts advanced on both sides have excited curiosity, but have not thoroughly settled the question. On the whole, however, it may be said, that nothing has been brought forward to invalidate the Mosaic account of the origin of the human race from a single pair. In the last number of the *Quarterly Review* there is a very interesting article on Cunningham's *New South Wales*, and as it contains some facts which show the influence of climate, &c. on the

human frame, I beg leave to draw your attention to it.

“ It appears, indeed, that the change which takes place in the physical constitution of *all kinds* of animals on transplantation to New South Wales, is something quite astonishing. It was long since remarked that prostitutes who had never borne children in Europe, became prolific mothers in the Australian colonies, and that married women who had long left off child-bearing, recommenced, in some cases even at the advanced period of fifty years, after a short residence in these regions ; and the observation appears to be confirmed, that not only the human race, but most of the quadrupeds produced from animals imported, improve their breed and increase considerably in size. Mr. Dawson, the intelligent manager of the Australian Agricultural Company, thus writes in a private journal with which we have been favoured. ‘ Both the climate and the soil appear by nature intended to produce fine wool and fine animals too, even from the worst beginnings. The latter seems a paradox. The extensive range that can be afforded to every animal keeps it in good condition, and, perhaps, the native grasses may have more of good in them than their appearance indicates. However this may be, the climate clearly has a wonderful effect on the size of all animals, even upon man, who is almost universally tall here, although born of diminutive parents. From this I am led to believe that the climate governs chiefly, and thus every breeding animal introduced here will attain a size not known in Europe. From what I know of the origin of the breed of horses introduced here, and the size of the stock that has almost promiscuously been produced from them, I have strong grounds for inferring that the produce of such horses as we have imported will be something extraordinary.’ ”

Every thing connected with this country is extraordinary : its animals peculiar to itself ; its plants the same ; and all nature on a gigantic scale. Such is the contrast between the Europeans and their progeny, that the latter, from their rapid growth, have been nicknamed corn-stalks. Instead of retaining the physical features of their immediate parents, whole races, it would seem, are going back to the common Gothic stock ; and their long fair hair, immense frame, and blue eye, strongly reminds

us of Tacitus’s description of the Germans.

They differ no less in their moral than their physical qualities from their parents ; for though born of thieves and strumpets, they are honest and sober, and do honour, says Cunningham, to the country which gave them birth. Reasoning *à priori*, we should suppose that nothing could be a worse speculation than sending out such stock to breed from ; and yet it is universally agreed, says the author of the article, that the present prosperity and the population of the Australian colonies are mainly owing to the industry and ingenuity which such convicts *transmit to their progeny*.

Odd as the fact appears at first sight, yet a moment’s consideration leaves little doubt that a set of London pickpockets, men, certainly, of no little ingenuity and enterprise, are much more likely to produce an intelligent race, than the honest, pudding-headed farmers and graziers of our midland counties : and though it may be but a poor compliment to Brother Jonathan, yet I believe that not a little of his shrewdness and curiosity is to be traced to hereditary descent from our worthies of Newgate. As to the climate of New South Wales being favourable to child-bearing, I can believe it to be the case. It is clear that reproduction is very powerful, a fact proved from the gigantic scale which animal nature seems to attain ; and most physiologists, I believe, look on generation as a modification of that power which increases, forms, and fashions our frame.

As to the fact of prostitutes becoming prolific, it admits of a double explanation ; the climate, no doubt, has very great influence as to the result, but seclusion has its share. I was informed by a captain of a convict ship, that many of the commonest trulls became pregnant during the voyage ; of course, therefore, before the climate of New South Wales could have had any effect. There are many instances in England of prostitutes bearing children, when they have reformed and lived with one man. One of the causes of the barrenness of this class of females is to be attributed to promiscuous intercourse. I believe it to be a general law of nature, that intercourse with many males is unfavourable to increase. Cattle breeders are aware of the fact.

There are many instances in the ani-

mal kingdom of one male allotted to a plurality of females; and with a very few exceptions in the insect tribe, (and these not thoroughly ascertained,) there is hardly an example of the contrary, *viz.* of many males to one female.

Bishop Heber, in his *Narrative of a Journey through the Upper Provinces of India*, states this curious fact of the effect of climate on the Portuguese.

“It is remarkable, however, to observe how surely all these classes of men in a few generations, even without intermarriage with the Hindoos, assume the deep olive tint, little less dark than a negro, which seems natural to the climate. The Portuguese natives form unions with themselves alone, or if they can with Europeans, yet the Portuguese have, during three hundred years residence in India, become black as Caffres. Surely this goes far to disprove the assertion, that climate alone is insufficient to account for the difference between the negro and the European. It is true that in the negro are other peculiarities, which the Indian has not, and to which the Portuguese colonist shows no symptom of approximation; and which, undoubtedly, do not appear to follow so naturally from the climate, as that swarthy complexion which is the sole distinction between the Hindoo and the European. But if heat produce one change, other peculiarities of climate may produce other and additional changes, and when such peculiarities have three or four thousand years to operate in, it is not easy to fix any limit to their power.” F. R.

WALKING THE HOSPITAL.

To the Editor of the London Medical Gazette.

Sir,

IT has become the fashion lately, among surgical students, to talk a great deal of the inutility of walking, or, as some one has been pleased facetiously to term it, *running* the hospitals, and to say that if surgical practice were all that they were expected to learn during their sojourn in London, they might as well stay away. Another part of this fashion is to abuse the system of surgical education, finding unmeasured fault with the physicians and surgeons for neglecting to give them proper instruction. But does it ever enter into the

heads of these gentlemen to consider that it is barely possible there may be some little fault upon their own side? I would ask them if they are always ready to perform *their* duty, and if they take full advantage of the opportunities which are still afforded them, (for they must allow that there are some in spite of the badness of the system,) or do they suppose that, because they cannot have *all* they want, they should neglect even that which they have? I think that the idlest will scarcely deny that the opportunity of seeing a number of the most important cases in surgery treated by men of experience, is rather advantageous to a pupil than otherwise. Although there may be no Clinical Lectures, nor even a word said on the case by the attending surgeon, the pupil can examine any patient that interests him for himself, and he may read the treatment on the board at the bed's head, or in the surgeon's book, which he can compare with the symptoms; and if, in this manner, he attentively watches the progress of the case from day to day, I am very much mistaken if he does not learn somewhat of the nature of the disease, and the effect of the remedies. If he can do this in one case, there is no reason why he may not do so in others; and by the time his year has expired he must literally have *walked* the hospital, if his surgical knowledge is not much improved. I may be mistaken, but I have always considered that a man learns more from his own observation, at least in medicine, than he can do from the instructions of others, though, of course, he may be materially assisted by well-directed information. Surely the wards of a London hospital afford an ample field for such a mode of attaining knowledge, if the pupil would but seize the opportunities they hold out to him; but some how or other surgical students have a great dislike to think for themselves, and they will not learn any thing that is not told them either in a lecture or a book. The consequence is, that when they come to practise for themselves it is some time ere they can bring their *book* diseases to assist them in the investigation and treatment of those in real life, and they regret, too late, that they did not better employ the time they spent in gaping about the wards of the hospital at the tail of the surgeon or playing monkey tricks with their fellow idlers; while they console themselves

that the fault was not theirs, that they could see nothing by going nearer the beds, or that if they did they would not know what they saw. A melancholy conclusion for their patients. One great objection made to an attempt to learn any thing in a hospital, is the great number that surround the patient's bed, and the great difficulty of getting a peep at the case; but this is easily obviated by the pupil's going to the bed after the others have left it, and then (I repeat it) examining for himself, and, if he likes, taking notes. That what I have said is not chimerical, I think the diligent part of the students will be inclined to admit, but I dare say the idle will still find excuses enough for their inattention. It is sufficient for me to point out the means, I cannot, however desirous I might be, enforce their observance; they must take their own course, and if they prefer ignorance and obscurity to reputation and knowledge, it is their own affair. I would not be supposed to uphold the present system as perfect. I am fully aware that it is, in many respects, very defective, but all the essentials of instruction are there; and, sir, I would ask, will a starving man refuse to eat because his meat is not served up precisely as he would wish? Even the fastidious medical student would, in such a case, devour pretty heartily, and yet, when he is hungry after the knowledge of his profession, he disdains the plain and substantial advantages which are given him, because, forsooth, they are not accompanied by auxiliaries, which would, doubtless, render them more palatable, but even without which he may, by proper application, derive incalculable benefit.

A BARTHOLOMEW STUDENT.

MEDICAL GAZETTE.

Saturday, February 9, 1828.

"Licet omnibus, licet etiam mihi, dignitatem Artis Medicæ tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

LUNATIC ASYLUMS.

PARLIAMENT has met, and we understand on good authority, that one of the earliest subjects which will engage their attention will be the state of Lunatic Asylums. We have, therefore, been reading their late Report on pauper lunatics.

There is, perhaps, no subject of domestic policy which is more in want of investigation and reform, and we hope that this Report will lead to some practical consequences, unlike the former of the year 1815, by which the state of the Lunatic Asylums of this kingdom was exposed; scenes of the most painful and disgraceful kind were disclosed; reputations ruined; and all this with no amelioration of the abuses complained of, and serving no other purpose than a kind of tragic representation to excite the attention and interest the passions of the public. In this last Report there is much to commend, and something to fear. That which is commendable is the strong interest on the subject; the compassion felt for the most pitiable and helpless of our fellow-creatures; the keen determination to detect every thing like neglect or cruelty in the treatment of them; and the generous wish to spare neither trouble nor cost in securing what little comfort remains, even to paupers, in this lamentable condition. For all this we feel the most warm and unqualified gratitude. What excites our fear is, that the minds of the inquirers, whether members in or magistrates out of parliament, are in too a great a ferment on the subject to judge coolly and dispassionately about it; that they know so little of the nature of the disease as to expect things which are utterly impracticable; and that they estimate too lightly the tasks of those who are intrusted with the care of the insane. On some of these topics we shall most probably dilate in future Numbers; at present we are going to throw out, for the consideration of those who are engaged in this inquiry, a few hints, which will at least convince them that we are not among the bigoted opponents of inquiry and reform.

The first remark we have to make is, how unsettled are the notions about that state of mind which unfits a man for taking care of himself and his property, and, therefore, renders it necessary to confine him and control him in both. *Non compos mentis* is defined to be

such a defective state of mind, as makes a man incapable of taking care of his own affairs. This defect may arise from idiocy, madness, delirium, and imbecility of mind from disease or old age; but these defects may exist in various degrees, not all of which constitute non compos mentis, and the line which divides that degree which does not, from that degree which does, seems very unsettled. If we consult the lawyers on the subject, we shall find them leaning in favour of the liberty of the parties; they will not consent, without urgent reasons, to deprive a man of his liberty and power over his property. Blackstone states, that a man is not an idiot if he hath any glimmering of reason, so that he can tell his parents, his age, and the like common matters. The Chancellor Kent decided that the failure of memory is not sufficient to create incapacity, unless it be total, or extend to his immediate family. Lord Donegal was of weak understanding, and could not answer the commonest question about figures, yet Lord Hardwicke thought this an insufficient ground for a commission of lunacy. Lord Erskine, in his speech in defence of Hatfield, not more remarkable for the felicity of its eloquence than for the clearness and acuteness of its discrimination, and which, we believe, is acknowledged by the lawyers to have brought the law on the subject to a more sound and settled state than it was in before, quotes with approbation the opinion of Sir Joseph Jekyl, that "the law will not measure the sizes of men's capacities;" remarking, that "he cannot be emancipated from the obligations of society, whose disease consists merely in seeing with a prejudiced eye, or with odd and absurd particularities, differing in many respects from the contemplations of sober sense upon the actual existences of things." A Mr. Greenwood, whilst insane, believed that an affectionate brother had given him poison; this was the most prominent feature of his insanity. He recovered so completely as to practise as an advocate, in which he

displayed great soundness of judgment, but he never could divest himself of the suspicion of poison, and on this ground he disinherited his brother. The will was disputed; the judge, Lord Kenyon, was of opinion that the question was, whether the erroneous belief which occasioned the will did or did not constitute madness? The jury found for the will: a contrary verdict was given in the Common Pleas. We venture to doubt whether Lord Kenyon put it in the properest light. It is a task which a jury of medical philosophers, much more a jury of ordinary men, are unequal to, to distinguish whether a false opinion is an insane delusion, or whether it is the natural error of a healthy understanding. The question which the jury were equal to, and which was the one essential to the justice of the decision, was this: whether the will would ever have been made if Mr. Greenwood had never been mad? whether it was not the result of a suspicion which was introduced into his mind by insanity but remained after the insanity had ceased? This is not impossible when the suspicion is one which involves no palpable absurdity.

From these authorities it is plain that a man may be a little idiotic, a little mad, and a little childish, without the law considering him non compos mentis, and depriving him of liberty, and power over his property. The leaning of the lawyers is on the side of the liberty of the individual. Now if we turn to our own profession, and may judge of the opinions of medical men by conversing with them on the subject, and observing the grounds on which certificates of insanity are sometimes given, we should say that the leaning of medical men is in the opposite direction, and that they are too much in the habit of considering every remarkable deviation from a plain and ordinary understanding as a proof of insanity, and a justification for confinement. Of this we have met with many instances, one or two we will relate. We know a young woman of a respectable and rather opulent family, who from her earliest years was dis-

tinguished from its other members by her disagreeable peculiarities of appearance and manner. She is horridly ugly, coarse in her manners and tastes, frequently conducting herself so as to shame the family to which she belongs, and sometimes committing acts of a more disgraceful kind. She has absented herself from home, staid out the whole evening, and returned at midnight or later confused with liquor, and under the care of a man of low appearance. This young woman is not mad, yet she has been for the last year or two the inhabitant of a crowded receptacle for lunatics. We know another woman who, when sober, is as sane as any other, but no power on earth can prevent her from drinking. This person was placed in a madhouse in a remote part of the country, where she remained several years, till the superintendent refused to retain her any longer for fear of legal punishment. We doubt, or rather we are quite convinced, that the confinement of such persons is illegal; and some measures ought to be taken to prevent them from being confined in such receptacles, without a distinct statement to some constituted authority that they are confined on different grounds to the common ones. Whether such persons derived their unfortunate peculiarities from a minor degree of insanity it would be in vain to discuss; the practical question is, whether their defects are sufficient to justify their confinement, and whether a madhouse is the proper place for them? If every person who was unable to take proper care of himself was confined, we should be locking up profligates, gamesters, and boarding-school girls who are in danger of elopement.

There is at this time living in America a person of the name of Symmes, who is firmly convinced of the following opinion:—The earth, instead of being a solid globe, is perforated near the poles, the opening at the north pole being about 4000 miles in diameter, that at the southern pole about 6000. The interior of these perforations is inhabited,

the sea extends quite through in many places, and seals, whales, and other inhabitants of the ocean pass through. Of all this Captain Symmes is not only convinced himself, but for nearly ten years he has been endeavouring to make converts by essays in the newspapers, circular letters to learned societies, addresses and petitions to the legislative assemblies; and “he is at this time,” says a writer in the *American Quarterly Review*, “actually travelling from place to place, and, like a second Peter the Hermit, zealously preaching up a crusade to this Holy Land.”

We ought never to forget that whenever a lunatic is placed under the care, he is placed in the power of those who take charge of him. When we consider how far he is at their mercy; for how long a time no human eye can observe and control their conduct to him; with how much doubt, or rather disbelief, a complaint of cruelty is listened to, and that even if he recovers his reason his testimony is received by many with distrust, the power intrusted to these keepers becomes quite awful; and it is painful to reflect how few are fit for it, and yet how many must be intrusted with it. If in a lucid interval he commits murder, he is answerable and suffers for it: if he is to be hanged for his act, it is hard he should not be believed on his word. An eminent lawyer and statesman, who died by his own hand, is said to have been driven to his last dreadful act by the fear of falling into the power of these keepers. One who knows little of human nature would naturally suppose that the persons most likely to take the best possible care of one who, by the deprivation of his reason, was unable to take care of himself, would be his nearest relations. The evidence given before the committee of the House of Commons affords some instances of patients being placed in a madhouse, and there left for a length of time without any inquiry being made by their relatives how they went on, in consequence of which they continued in confinement long after they had

recovered their reason. The laws on this subject are a bitter sarcasm on human nature. If a lunatic has property, the guardianship of him is not intrusted to his relations, but to the king, or in his name to the chancellor, who, in selecting those to whom he intrusts him, under his own control, makes it a rule to trust the estate only to the next heir, because it is his interest to take care of it, but never to trust his person to the next heir, because it is to his interest that the lunatic should die; so that the lawyers seem to have come to a similar conclusion to that of Sir William Fownes, who, in a letter to Swift about a hospital for lunatics in Dublin, remarks, "I was apprehensive our case would soon be like that in England, wives and husbands trying who could get the other to Bedlam. Many who were next heirs to estates would try their skill to render the possessor disordered and get them confined, and soon run them into real madness." The reader may rely on the truth of the following incident. An idiot boy of a respectable family unfortunately lost his parents, by which he became heir to something under a thousand a year. He was made a ward in chancery, his property was put under the care of trustees, two hundred a year were allowed for his maintenance, he was intrusted to an old tutor who had known him from his childhood, who professed the greatest interest about him, and who lived in a remote and solitary part of the island. As his remaining relatives were not very near connections; as the most undoubted reliance was placed on the person who had the care of him, and as the place of his residence was very distant, several years passed without any of his friends visiting him, during which time they received the most satisfactory accounts of his health and comforts. At length a female cousin of his, and her husband, taking a tour for pleasure through the part of the country where the poor boy resided, recollecting that they were within twenty miles of their afflicted relative, de-

termined to go and see him, and at length arrived at the house where he was supposed to be living. They inquired for the old tutor; he was not at home: they saw his daughter, and asked to see the boy: she said that it was impossible to see him directly, but that he should come to them soon. There was an air of confusion about the young woman which excited the suspicions of the gentleman, and in a firm manner he demanded to see the boy instantly. It was now confessed that he was not at home, but at the neighbouring village, at the house of an old cobbler, of whom he was very fond, and with whom he spent a great deal of his time. To the village and the house of the cobbler the friends hastened. It was a wretched hut, consisting only of two rooms, in the upper of which they found the idiot boy in a dark corner, covered with rags and filth and other unmentionable offensiveness. Here he had long resided; the cobbler received 30 pounds a year for his board, lodging, and clothing, and the benevolent old tutor pocketed 170 pounds a year for the trouble of writing a quarterly bulletin about the health and the comforts of his helpless charge.

MR. SAMUEL COOPER.

This gentleman complains that we did not insert his letter to us at length; we have already given our reasons for declining to do so, but we can conscientiously say that we extracted the only parts which had any point, and that Mr. Cooper ought to thank us for the omission. If he was not sensible of this, why did he not publish it in the *Lancet*, and show the injustice we had done him? For the rest, his attack upon us in that journal last week is merely abusive, and neither requires nor merits any answer. We think it right however to state (which we do at the request of the gentleman to whom he so coarsely alludes) that he is wholly mistaken as to the quarter whence the strictures on his conduct

proceeded, and that he and some others who affect to know, are in reality entirely deceived with regard to those whom they so confidently assert to be the conductors of the *Medical Gazette*.

ANALYSES AND NOTICES OF BOOKS.

“L'Auteur se tue à alonger ce que le lecteur se tue à abrégér.”—D'ALEMBERT.

FRIDERICI PAULI *Rheno-Bavari Dr.*
Commentatio Physiologico-chirurgica
de VULNERIBUS SANANDIS, in certa-
mine Litterario Civium Academicæ
Georgiæ Augustæ die 4 Junii 1824.
Præmio ornata. Gottingæ, 1825, pp.
 120.

THIS treatise, on the union of divided parts, is an experimental prize essay, from the University of Gottingen; and it is distinguished by due attention to preceding authorities, good arrangement, and much care and circumspection in the observations and experiments instituted by its author. We give a summary of its contents.

The healing of wounds is divided into that by REUNION and that by REGENERATION. The union which occurs without suppuration taking place, and which happens in from twelve to twenty-four hours, may be called reunio per adhesionem; that, on the contrary, where granulation is present, reunio per granulationem, or, per suppurationem. The opinion that divided vessels reunite, is declared erroneous; from the re- and contraction of the arteries, and the formation of a coagulum, it is rendered impossible. The assertion of Hunter, that the blood affords the first means of union in wounds, is rejected. The formation of new vessels the author witnessed in his experiments; these vessels, according to his observations, not all remaining permanent, but only as many as are requisite for the nourishment of the parts on the distal side of a cicatrix.

In going through the different tissues of the body, with a view to show how reunion occurs in each, the classification of Meckel in his General Anatomy is adopted. The cellular tissue, however, is that which most readily, and indeed almost solely, is reproduced. As regards wounds of the vascular system, the author, sup-

ported by his experiments, adheres to the opinions of F. F. Petit, Haller, Jones, and Beclard. The assertion of Arne- man, that in the reunion of nerves no intermediate substance is requisite, is declared to be erroneous, and the intermediate substance itself is shown to be cellular tissue. An observation of the author's, that wounds in which a large nerve is divided heal quicker than where this is not the case, is worthy of attention. It is said that all the cases which have been related of portions of bone completely separated reuniting, ought not to be condemned as erroneous; for a portion of bone removed from a dog by means of the crown of a trepan and then replaced, actually reunited. Nevertheless, the author believes this reunion not to have been organic, but only mechanical adhesion; and, as he conceives to be the case, with inserted teeth. In wounds of cartilage, he found the new intermediate substance always to consist of simple cellular substance. Wounds of fibrous membranes never reunite, but their edges adhere to the neighbouring parts. Divided tendons are united by a compact cellular substance, having neither the structure nor the gloss of tendon. The connecting medium of divided muscle was found to be not irritable; wounds of muscle, like those of other parts, unite by the first intention if properly treated. In accordance with the statement of Dupuytren, the edges of wounds of serous membranes were found uniting to the neighbouring parts. Those of the skin do not unite directly by reunion, but an intermediate substance is formed, and hence the ineffaceable trace of a cicatrix.

The second chapter treats of REGENERATION, or of those processes where new matter likewise is produced, but in larger quantity than by reunion. The formation of granulations is coeval with that of pus, the one process does not precede the other. The structure of granulations, which are composed of cellular substance and vessels, was carefully examined both by means of the microscope and scalpel; and their form, colour, size, firmness, temperature, situation, durability, vitality, contractility, and sensibility, respectively gone through. Thomson's view of each granulation having its own central artery, is not regarded as correct. The cells of the substance constituting granulation do not communicate with those of the general

cellular substance. Their temperature exceeds that of the rest of the body, frequently by several degrees. Subsequent to tying the carotid artery, which was repeated several times, it was never found that new vessels were generated, as had been asserted by Maunoir, Parry, and Mayer of Bonn. A complete reproduction of vein, as assumed by C. T. Richter, does not occur. The regeneration of nerves is considered at some length, and Nannoni in particular is confuted. The author declares himself entirely opposed to the doctrine of the real regeneration of nerves; that of the brain also is imperfect. Cartilage is not regenerated, but only a cellular membrane formed. So, likewise, neither true tendon, fibrous membrane, nor muscle, are regenerated. Serous membranes are also replaced by a fine cellular membrane. Of the skin, the only part reproduced is the rete malpighi. The essay concludes with a detail of various observations made in surgical hospitals, and of numerous experiments made on living animals in evidence and support of the opinions previously expressed.

HOSPITAL REPORTS.

LA CHARITE, PARIS.

White Swelling of the Elbow-joint with Removal of Part of the Bones.

A GIRL, 19 years of age, of a lymphatic temperament, and bearing the scars of an old scrofulous affection upon the back of the left hand, was affected with a white swelling of the elbow-joint, with great enlargement of the soft parts, caries of the extremities of the bones, and several fistulous openings, giving issue to a sanious discharge. The constitution of the patient had not as yet suffered in any great degree, nevertheless it was evident that the disease could only be combated either by amputation of the arm, or removal of the diseased portions of bone. M. Roux preferred the latter, and the operation was thus performed Dec. 9th. The patient being placed upon her belly, and the diseased arm brought from the trunk of the body, two incisions, two inches in length each, were made along the external and internal edge of the humerus parallel to the axis of the limb; these incisions reach-

ed as low as the joint. A transverse incision across the posterior part of the articulation joined the two former ones; from these three incisions a quadrilateral flap resulted, which was detached from below upwards. The humerus being thus exposed at its lower extremity, was isolated by means of the knife from the soft parts to which it was attached anteriorly; a thin piece of wood was then inserted between these parts and the bone, which was sawn off just above its tuberosities. The lateral incisions were then prolonged below upon the edges of the fore-arm, for the space of two or three fingers' breadth, a flap similar to the first was detached from above downwards, the upper extremity of the radius was separated from the soft parts, and from the ulna; a straight and thick compress was slipped between the two bones, preserving the ulna from the action of the saw, and the radius was removed above its tuberosity. The extremity of the ulna was then isolated, leaving part of its coronoid process untouched, so as to preserve the insertion of the brachialis anterior, and the extremity of the bone was sawn off immediately below its articular surfaces, by this contrivance the lower insertions of the brachialis and biceps were preserved. The median and radial nerves included in the mass of the soft parts anteriorly were not touched, but the cubital nerve was cut, and even lost a small portion of its substance. Two or three small arteries were tied; one of these at the bottom of the wound could not be drawn out by the forceps, and was tied by means of the needle. The wound produced by this operation was large, deep, and formed in indurated and diseased tissues. There would no doubt have resulted great inconvenience from leaving such a surface exposed to the air, the edges therefore were brought together and maintained by fifteen points of interrupted suture, lint spread with cerate was applied upon the wound, and fixed there by compresses and a bandage; the limb was placed in a hollow splint of tin which had been made for this purpose. On the day of the operation the patient experienced violent pain, and could not sleep on the following night; the pain was soothed by small doses of syrup of poppies; the little finger and the cubital edge of the ring finger were insensible. On the 10th, there was pain in the epigastrium increased on pressure;

intense headache; violent thirst; white, moist tongue; pulse moderately frequent, but with hardness. (Low diet and diluents were ordered.) 11th. Pain in the epigastrium diminished; less headache; she had some sleep in the night; pain in the wound less. 12th, fourth day after the operation, pulse still frequent; bad taste in the mouth; less pain in the epigastrium and head; some œdema of the hand, arising from the bandages being rather tight, and the hand rather in a declining position. The wound was dressed; the bandages were scarcely moistened with a bloody and purulent serum; very little tumefaction of the wound; the sutures were removed, and the edges appeared united; the incisions were marked by straight lines of a red colour. (Simple dressing; jalap, with two drachms of sirup of poppies in the evening.) 14th. Little or no headache or pain in the epigastrium; the incisions, no longer held together by the sutures, separate a little; this is prevented by straps of adhesive plaster. On the following days suppuration became more abundant, but bore no proportion to the apparent extent of the wound; the radial and cubital incisions were separated more considerably, the one at its upper, the other at its lower extremity, and discovered the opening of a sinus, which evidently led into the cavity resulting from the removal of the bones: excepting this, every thing improve from day to day; the appetite revived, the sleep was good, and the patient recovered her spirits. After employing the sticking plaster for some days, simple cerate was employed, and two pasteboard splints supplied the place of the tin case.

This day, the 10th of January, the suppuration is good, but its quantity has not much diminished, a portion of it still comes from the bottom of the wound; the transverse incision is in a great measure healed; the extremities of the bones of the fore-arm and arm do not meet; the cubital edge of the ring finger has regained its feeling, but the little finger may be pinched without the patient's being at all conscious of it: the patient's health is perfectly good.

This is the third operation of the kind M. Roux has performed, and they have all succeeded: one of the former patients died afterwards of phthisis, the other is still alive. No callus is formed at the extremities of the bones, they seem to be replaced by flexible fibro-

cellular tissue; the fore-arm is movable, it cannot be indeed bent or straightened at pleasure, but the patient gives it these motions with the assistance of the other hand. This man is a grinder by trade, and finds the limb very useful.

GUY'S HOSPITAL.

Case of Abdominal Inflammation.

ON the 10th of January a young woman, æt. 19, was received into the Clinical ward, under the care of Dr. Cholmeley. She had been ill eight days, having caught cold during the menstrual period by washing in a damp kitchen. The catamenia on the same day suddenly disappeared; and four days afterwards she complained of acute pain in the right groin, extending up to the iliac region, and of great tenderness on pressure. She vomited a quantity of yellow bile; her bowels were relaxed; her pulse small, wiry, and frequent; skin hot and dry: the easiest position was lying on the right side, with the legs drawn up. She was bled by her medical attendant thrice during the three days preceding her admission, and had twenty leeches applied to the groin. Mr. Callaway had seen her, and gave it as his opinion that no hernia existed, which had been suspected owing to the constant pain at the ring. The application of twenty leeches was again had recourse to; calomel and opium, one grain each, were directed to be taken every four hours, and castor oil clysters to be administered.

11th.—Slept better; pulse 124; bowels open; pain less; cough (which seems constitutional, as she has suffered from it during eleven years) troublesome; attempt to lie on left side produces a severe and dragging pain.

Repeat the application of 20 leeches. Contin. pil. et enem.

12th.—Pulse 112; pain severe; tenderness increased; bowels open. The pain and tenderness do not extend to left side; no sickness.

V. S. fiat, et sang. 3x. mittantur.

She was seen in two hours after the abstraction of blood, and was ordered to lose as much as would affect the pulse. Twenty ounces more were taken away; catamenia reappeared, but afforded no relief.

Calom. gr. j. Opii gr. j. Antim. Tartar. gr. ss.
to be given four hours in the form of pil.
Mistur. Salin. efferv.

13th.—Passed a restless night; severe tenderness and pain; bowels open; great fulness in inguinal and iliac regions; complains that the effervescing mixture disagrees.

Hirundin. xxx. parti tumid. Fetus postea applic. et cataplasma. Repet. pil. et enem.

14th.—One copious fetid feculent dejection passed last night; slept better; three dejections this morning, scybulous; has vomited some green bile; fulness, tenderness, and pain increased; pulse 120, sharp.

V. S. ad 3x. Omit. Ant. Tart.

15th.—Slept several hours; less thirst; pulse 124, softer; countenance pale; features sunk; three dejections passed with less pain; nausea and sickness on least motion.

Applicentur fœtus et catapl.

She could not bear the weight of a poultice two days ago.

16th.—Pulse becoming stronger and sharper last night she had no wine given, which in the morning had been conditionally ordered; pulse 116, full and sharp; felt cold during the night; no sleep; bowels relaxed; no vomiting. Surgeon requested to see her, and to make an incision, if he could ascertain where the abscess was situated. It had been the opinion of Dr. Cholmeley on the 13th, when he first ordered the poultices, that there was a deep-seated abscess between the muscles and peritoneum. An opening was made just above the anterior superior spinous process of the ilium. Two teaspoonfuls of sanious fluid, with fetid gas, escaped; a cavity was clearly traced.

17th.—The patient is constantly vomiting; bowels open; lies quiet, but is sinking fast. She died at 1 A. M. on the 18th.

On inspection of the body a few hours after death, the following appearances presented themselves:—The omentum adhered to the peritoneum, lining the posterior muscles on the right side, and formed a circumscribed cavity, which contained some dark serous fluid; the peritoneum here was of a black hue, but its surface was entire. On cutting through it a large abscess, containing most offensive sanies, escaped, and the psoas and iliacus in-

ternus muscles were gangrenous. The parts in contact with this abscess were observed to be discoloured, as a small portion of the lower edge of the right lobe of the liver, a portion of the tunics of the kidney, the back part of the cæcum, and ascending portion of colon, were all of a black hue. The appendix cæci was slightly diseased, dark coloured, and generally ulcerated on its interior surface: this was unconnected with the original disease, but it was included in the bag formed by the peritoneum and omentum.

Dr. Cholmeley stated that this case was very similar to one which he had seen at Worthing, the subject of which was a stout and healthy man: he was attacked with the usual symptoms of nephritis, and had been treated for that complaint previous to his visiting him: he then laboured under symptoms of enteritis. In short, he lived about a fortnight from the day of attack. A large abscess was found situated underneath the peritoneum, in the neighbourhood of the kidney and ascending colon; this part of the bowel had become gangrenous. Dr. Cholmeley had also attended a gentleman, who had an extensive abscess formed under the muscles of the chest in a similar manner; a deep incision was made early, and his life thus saved. He gave it as his decided opinion, that the only chance of saving the patient under similar disease was to make an incision as early as possible, and give vent to the matter already formed.

ST. GEORGE'S HOSPITAL.

Injury of the Head.

ROBERT COCKMAN, æt. 13, was admitted at 5 P. M. December 12th, under the care of Mr. Brodie, having fallen upwards of twenty feet from off a ladder at "Crockford's," half an hour previously.

The skin was pale, the pulse 96, and feeble. He was perfectly sensible, but had total loss of memory, not even remembering his own name; and upon examination there was found near the temporal ridge of the left parietal bone, a good deal of extravasation of blood beneath the scalp, and what appeared to be a considerable depression of the cranium.

Lot. spt. capiti. H. Sennæ.

13th.—Vomited two or three times in the course of last evening, and this morning the pulse has got up to 110, with hot skin, dry tongue, and headache. The bowels have been freely opened. He was bled to eight ounces with the effect of relieving the pain in the head, and was ordered salines with antimony every six hours.

From this time no bad symptoms whatever remained. The headache left him, the pulse became natural, and no evidence whatever of compression or injury to the brain obtained; save, as one gentleman remarked, a degree of staring of the eyes which was scarcely natural. As the extravasated blood was absorbed, the depression of the bone became marked, and no longer bore any resemblance to those cases of pitting in the scalp, caused by effusion around the stricken part. The edges were bold and distinct, the depression, we should say, nearly a quarter of an inch in depth, and over it there was an evident fluctuation, but no tumor, the fluid just filling up the hollow. On the 26th he was made an out-patient.

This case exemplifies well the impunity with which some individuals, and especially children, will sustain even severe injury to the head. Here we see the parietal bone driven in upon the dura mater to the depth of a quarter of an inch, and yet the symptoms so slight as to be fairly dissipated by a few saline draughts and an eight-ounce bleeding! Suppose that the same accident had happened to a stout plethoric man, a drayman for instance, would the abstraction of eight ounces of blood have been sufficient? No; the chances are that ten times that amount would have failed in arresting the symptoms, nay, that it would have proved a case for the application of the trephine. With regard to the latter instrument, the practice at this hospital is not to trust indiscriminately to its employment; in fact, it is, upon the whole, but seldom had recourse to; the consequence is, that cases of hernia cerebri are extremely uncommon, so much so, that during the time of our attendance we have never seen an instance of it here. Sir Astley Cooper, it is well known, has drawn a distinction between simple and compound fracture of the skull, and upon this distinction the baronet has hinged a very material difference of treatment. Mr. Brodie is not inclined to agree with Sir Astley upon this point;

first, because he thinks the analogy between fractures of the cranium, and fractures of the long bones scarcely a fair one; and, secondly, because the results of his experience have not borne out the distinction.

ST. GEORGE'S INFIRMARY.

Case, in which an adventitious Membrane was found adhering to the inner Surface of the Cerebral part of the Dura Mater. BY T. H. HOLBERTON.

GEORGE MASON, æt. two years and three months, up to the age of ten months was a particularly healthy and forward child. At this period he cut the incisor teeth of the lower jaw, and had the slight fever which generally accompanies dentition, but in so trifling a degree, that the mother merely gave him an occasional dose of opening medicine, not thinking his illness of sufficient importance to require medical advice. The child, however, grew worse; and a month afterwards had the first of a series of fits, which continued to recur with more or less frequency during the remainder of his life. By the fifth month from the attack, the child then at the age of fifteen months, lost all knowledge of its parents, took no notice of external objects, and lay in a seemingly insensible state, being unconscious to the calls of nature. He felt, however, sensations of hunger, and signified by his cries when he desired food; yet he could not perceive the presence of it till it was placed on his lips, when he usually ate it with a good appetite. He could move his arms and legs, but could not stand.

When I first saw him he was clearly labouring under compression on the brain. Pupils widely dilated, insensible, and immovable on the application of a lighted candle near the eyes. There was strabismus, eyes rolling in every direction, particularly from above inwards; the breathing was natural; there were frequent convulsive fits; the bowels were regular. He had, during the last week or ten days of his life, frequent twitchings of the left leg.

Examination after death.—The skull-cap was preternaturally thickened, but the head was of the ordinary size. On opening the dura mater there was found upon its under surface

a membrane, for the most part three lines in thickness, and closely attached to it. This membrane completely lined the cerebral surface of the dura mater, excepting only at the fore-part of the base, *viz.* at a short space around the optic nerves. Underneath this membrane, and between it and the arachnoid, was contained rather more than half a pint of serum. There was no collection of fluid at any part between the false membrane and dura mater. The adventitious membrane appeared perfectly organized; its unattached surface was very vascular, and in parts much inflamed: this surface admitted of being separated as a distinct and continuous membrane, extremely fine and transparent.

The arachnoid membrane covering the brain was, perhaps, in a slight degree, firmer and thicker than usual. There was some effusion between it and the pia mater.

The pia mater on the surface of the brain was preternaturally vascular, as was that portion dipping between its convolutions.

The choroid plexuses were gorged with blood, and resembled a dark coagulum of a shining, purplish hue, approaching to the colour of a well-ripened black grape.

The cerebrum generally was very much harder, and the convolutions were much wider than natural. The medullary portion moreover was altered in colour, being of a yellowish tint: behind the lateral ventricle the substance of the brain was softened.

The cerebellum was much firmer than usual, so as to render the laminated structure beautifully distinct.

The adventitious membrane was not present at the under surface of the tentorium, nor around the cerebellum at any part; it adhered only to that part of the dura mater which surrounds the cerebrum.

The preparation is in Mr. Mayo's Museum, Great Windmill Street.

MIDDLESEX HOSPITAL.

WE have the painful duty of recording a very melancholy accident at this hospital. On the evening of Thursday se'nnight Mr. Poole, the house-surgeon, fell from the window of his room into the area beneath and fractured his skull, of which injury he died on Satur-

day afternoon. The exact manner in which the accident occurred is not known.

ST. BARTHOLOMEW'S HOSPITAL.

Case of Fatal Injury of the Head—Application of the Trephine.

WM. BEACON, æt. 30, was admitted under the care of Mr. Earle on the morning of the 23d of January, labouring under the following symptoms: drowsiness, from which he is with difficulty roused; answers questions incoherently; pupils dilated, but obedient to the stimulus of light; pulse small and irregular; extremities cold; respiration not affected. There was also a lacerated wound of the scalp covering the upper and lateral part of the left parietal bone; the cranium did not appear to be denuded of its periosteum. He was unable to give any account of himself, but the persons who assisted him in walking to the hospital, stated that he had been thrown out of a cart the night before; he was taken up insensible and conveyed to a surgeon, who bled him from the arm and dressed his wound. He soon after recovered from this state, and had vomited frequently; this relief was but temporary, for he soon fell into a state of stupor as above described. Ordered Hyd. Submur. gr. ij. P. Jalap gr. x. 4tis horis.

At 4 P.M., reaction having taken place, he was bled to sixteen ounces, which produced a slight degree of faintness. He was now sufficiently sensible to refuse to take his medicine. At 7 P.M. there was an aggravation of symptoms; countenance flushed; skin hot and dry; general restlessness and anxiety; pulse 100, full and hard; bowels have been acted upon: he makes signs for the bed pan, and has complete power over the rectum and bladder. Sectio Art. Temp. ad 3xx., which produced complete syncope; the head, which had been previously shaved, to be kept constantly wet with cold applications. Immediately after the abstraction of blood the pulse became much softer, and was reduced in frequency; pupils less dilated, but acted rather sluggishly; breathing continues free and natural.

At 12 P.M. his pulse had increased in hardness, but was not more frequent; he is continually muttering to himself, and appears very restless.

V. S. ad 3xvi. cont. Hyd. Submur. c. Jalap.
4tis horis.

24th.—It was necessary to confine him with a strait jacket during the night; this morning he appears as if he understood some of the questions put to him; he attempts to utter but has great difficulty in articulating his words; pulse full and frequent, and pupils much dilated. He was again bled to sixteen ounces.

25th.—Last evening he was so restless that he could with difficulty be kept in bed; pulse frequent and irregular; the muscles of the left side of the face were now first observed to be drawn to one side. Ordered

C. C. ad 3xvi. temporib. Applic. Emp. Lyttæ.
mag. nuchæ statim.

He passes his urine and fæces involuntarily.

26th.—More decided symptoms of compression have manifested themselves; the right side of the body is partially paralyzed, and there is almost a continued convulsive twitching of the muscles of the face and upper extremity of this side, with impaired sensation. His breathing is not affected, but he is more comatose, and quite inattentive to any one around him; continues to pass his urine and fæces involuntarily. Upon examining the wound of the scalp, it had not united, and was in a sloughy state; the bone beneath was quite bare to the extent of about an inch, and to all appearance dead; it was quite white, and did not bleed upon being scraped.

We understood Mr. Earle to say, that he considered this one of those perplexing cases which are sometimes met with, where symptoms of concussion and extravasation are coexistent. In the earlier part of the case the patient laboured under nearly all the symptoms common to concussion, while latterly those of compression have gradually appeared. Considering the active means which had been adopted without any amelioration of symptoms, Mr. E. conceived it a fit case for the application of the trephine; consequently a consultation was held upon the case, but our limits will not allow us to enter into the various opinions offered as to the propriety of the operation, we will merely say, that it was decided that the trephine should be applied to that portion of bone which appeared to be dead. No blood escaped until the instrument had penetrated the diploe, when about two or three ounces of blood oozed out; the

portion of bone was elevated and removed, and the dura mater carefully examined; no blood or matter was found upon its surface, but it had a bluish tint as if blood was deposited beneath; in other respects it appeared perfectly healthy: no pulsation of the brain could be felt, which led to the supposition that coagulated blood was deposited beneath this membrane. The wound bled freely from one of the branches of meningeal artery having been opened; a pledget of wet lint was put over the wound, and the patient conveyed to bed. Upon visiting him about an hour after, the convulsive twitchings of the muscles of his right side were much less violent and frequent than before the operation. At 9 P. M. his pulse being hard and full he was bled to twelve ounces.

27th.—At 10 P. M. he appears more sensible, for on requesting him to put out his tongue he made one or two ineffectual efforts; he also answered one or two questions put to him. Pulse small and easily compressed; respiration perfectly natural; pupils not so much dilated; he still continues to pass his urine and fæces involuntarily; the dura mater is covered with a layer of lymph; the edges of the wound are tumid. Catap. Panis capiti.

At 12 P. M. we found him gradually sinking; pupils greatly dilated, and not obedient to the stimulus of light; breathing stertorous and oppressed; he is violently convulsed, and has lost all power of motion and sensation; the whole surface of the body covered with a cold, clammy sweat; no pulse could be felt at the wrist. He expired at 2 A. M.

Post Mortem Examination.—Upon reflecting the integuments off the cranium, a considerable quantity of blood was found effused underneath the fascia of the left temporal muscle; the dura mater was sound and free from inflammation; upon removing this membrane there was found to be effusion of blood over the whole surface of the cerebrum. On the left hemisphere, exactly opposite where the bone had been removed, a considerable quantity of dark clotted blood was deposited; the hemisphere was much flattened from the pressure it occasioned; the cellular tissue connecting the vessels of the pia mater was also greatly injected, giving this membrane the appearance of being highly inflamed, which was not the case, for on washing a portion of it in water it

presented its natural appearance, and free from vascularity. The brain was sliced down to a level with the corpus callosum, and did not appear to be more vascular than usual. There was no effusion of blood, nor more serum than is usually found in the lateral ventricles. The remaining portion of brain being removed from the skull, a fracture was discovered, extending from the upper part of the squamous portion of the left temporal bone, through the superior inferior angle of the left parietal; it extended across the groove of the arteria meningeal media. A great quantity of blood had been thrown out between the dura mater and bone, amounting to not less than three or four ounces. The posterior surface of the middle lobe of the hemisphere of this side was coated with a layer of dark grumous blood. Upon making a section of this lobe, its anterior and middle part had undergone that change of structure termed "ramollissement;" it was reduced to a soft cream-like consistence to the extent of about two inches, evidently commencing in that part of the lobe corresponding to the fracture.

ST. THOMAS'S HOSPITAL.

Cases of Ague, with Observations, treated at St. Thomas's Hospital, by Dr. Elliotson.

How frequently has the observation been repeated, and to what an extent acted upon, that where inflammatory symptoms coexist with ague—bark is contra-indicated—that of course the inflammatory symptoms being most urgent, we must allow the ague to proceed until they are subdued, (frequently no very easy matter where aggravated by the recurrence of the paroxysms;) but cases 1, 2, 3, and 4 would seem to show that severe headache, (not intermittent,) pneumonia, hepatitis, nay, even gastritis, may exist, and yet the ague be *cured by the sulphate of quinine*, without interfering with or retarding the cure of the inflammation.

Again, we are directed to administer our remedies *between* the paroxysms, and cautioned not to give bark during their continuance; but in case 5 *there was no remission*, "the sweating continuing until the cold stage returned," yet the quinine was given, and the ague cured.

We are cautioned not to give quinine in full doses, lest it should produce "severe headache," "heat at pit of stomach," and "other symptoms requiring watching."* In several cases detailed, and in a considerable number not related, ten grains was the dose given, no inconvenience ever resulted, and the ague was cured. It is indeed a curious fact, which has however been before noticed, that one full dose given immediately before a paroxysm, will frequently arrest the progress of a severe ague, (case 6;) and, we may add, even after smaller doses, frequently repeated, have proved ineffectual.

Dr. Bright attended a poor miserable woman, as an out-patient at the Westminster Hospital, who had for some time laboured under a severe quotidian ague. Twelve grains of sulph. quinine has been taken daily in divided doses, more than a fortnight, without benefit: when one ten-grain dose was given immediately before the expected paroxysm, which, however, came at the usual period, *it was comparatively slight, and did not again return*. Three days after she was furnished with a few smaller doses to ensure success. The plea of economy has been urged against ten-grain doses, as it is said smaller repeated ones will succeed; but the necessity for *repeating* the small dose furnishes the best argument against it, ten grains in the above cases proving more beneficial than the preceding hundred.

It appears, however, (as far as our reading has extended,) not to have been hitherto noticed, that a full dose *immediately after* will as effectually arrest an ague, as when given before the paroxysm, as some of the following cases illustrate. And this is worth bearing in mind; for it not unfrequently happens that the paroxysm occurring at irregular periods, the patient is not sensible of their approach† sufficiently early to take the medicine, whereas no such difficulty can obtain when directed for the termination of the fit.

In case 10 it will be observed there was a cold stage, neither succeeded by heat nor sweating, but in which, after shivering for some time, the surface resumed its usual temperature.

The last case is merely introduced to show the effect of acupuncture in

* Brand's *Manual of Pharmacy*.

† As in case 8.

the cure of certain cases of rheumatism.

CASES OF AGUE.

CASE I.—*Quotidian Ague—Gastritis—Anasarca.*

Mary Saine, æt. 23, admitted Dec. 13th, resides at Woolwich. Had ague five weeks, the last fortnight type quotidian, besides which, when admitted, she had considerable œdema of lower extremities; scanty urine; considerable pain in epigastrium and left hypochondrium, with great tenderness on pressure; constant nausea; vomiting of all ingesta: anorexia; great thirst; furred tongue; small, quick, and rather hard pulse: considerable pyrexia remains between the paroxysms.

C. C. ab Hypochon. sinis, et Epigast. Hydr. Submur. gr. x. statim. Sulph. Quinin. gr. x. hora somni quotidie.

15th.—No paroxysm yesterday or to-day; pains in gastric region considerably relieved; no nausea or vomiting; bowels open.

Repet. Quinin.

16th.—Continues much better; no paroxysm; no pain in stomach or vomiting, but complains of some pain in head; trifling pyrexia; pulse not so frequent. It is unnecessary to continue a daily report: the ague and gastric affections were completely cured; the pain in the head required two applications of leeches, a dose of calomel, and a blister at some days' interval. She was discharged cured.

CASE II.—*Tertian Ague—Hepatitis.*

W. D., æt. 21, admitted April 13th, has been residing at Woolwich ten weeks, where ague prevails; left twelve days ago, having, after getting wet, had the first paroxysm the preceding evening.

When admitted, type tertian; paroxysms *very* severe; complains also of considerable pain and tenderness in right hypochondrium; nausea; there is constant pyrexia between the paroxysms; quick and hard pulse; furred tongue; bowels open.

C. C. ad 3xij. Sulph. Quin. gr. v. ter die.

15th.—Better; pain somewhat relieved; paroxysm returned yesterday, but not so severe; pyrexia less; bowels open. Pergat.

18th.—No rigor since last report; bowels costive.

Cont. Quin. Haust. Apr. stat. sd.]

23d.—Rigors returned this morning; increase of pain and tenderness.

Sulph. Quin. gr. v. 6tâ quâque horâ sd. V. Sectio ad f. 3x.

25th.—Better. The paroxysms did not afterwards return; another small bleeding and a blister were required a few days after this report, when the patient recovered, and was dismissed cured.

CASE III.—*Quotidian Ague—Pneumonia—Anasarca.*

George Hopkins, æt. 30, admitted November 30th, was residing at Dover when taken ill three weeks ago; type till seven days since was tertian, when it changed to quotidian; in addition to which, when admitted, he had anasarca and pneumonia; symptoms of latter well marked. Dr. E. determined, if possible, to cure the ague at once, before resorting to other measures for the pneumonia.

Quinin. Sulph. gr. v. 6tâ quâq. horâ sd.

Dec. 2d. — No paroxysm yesterday, or, as yet, to-day. Dispnoea, cough, and pain in the chest not worse.

Venæ Sectio 3xvi. et postea Empl. Canth. Pectori. Cont. Quininæ.

5th.—Somewhat better; more urine; less œdema; no ague.

Haust. Aper. stat.

9th.—Some sharpness remains in pulse, but pectoral symptoms relieved; anasarca improving.

V. Sectio ad f. 3xij.

Nothing farther necessary to complete the cure; remains in the hospital some time to recover strength.

CASE IV.—*Quartan Ague—slight Pneumonia.*

Thomas Maxwell, æt. 28, admitted November 30th. Ill three months; at first had quotidian ague; when admitted had quartan ague, with pyrexia between the paroxysms; dull pain in chest; blueness of lips; cough, dyspnoea, and viscid expectoration; considerable and constant pain in the head.

Quinin. Sulph. gr. v. 6tâ quâque horâ sd.

Dec. 3d.—Ague returned at usual period: pain in head and chest continues, but is not worse.

Empl. Canth. Sterno appl.

9th.—Missed one paroxysm; better

in every respect; blister relieved pain in chest, &c. considerably; pain in head nearly gone. Cont. quin.

No return of paroxysm afterwards, and was presented cured.

CASE V.—*Irregular Intermittent (or rather Remittent) Fever; every Stage perfect, but no Remission. Cured by Quinine.*

B. A., æt. 32, admitted under Dr. E. May 25th, 1826. Has been ill five weeks; at first it was a regular tertian ague; when admitted generally tertian, but not regular; there is no intermission; the sweating stage continuing till the cold stage returns, accompanied by severe headache.

Rp. Quinin. Sulphatis, gr. v. 6tâ quâq. horâ, in solut.

27th.—No rigor since took medicine; less pyrexia and pain in head; continued the quinine for a few days; the paroxysm did not return; the headache disappeared, and June 1st presented cured.

CASE VI.—*Quotidian Ague cured by a full Dose of Sulphate of Quinine before the Paroxysm.*

John Roberts, æt. 28, admitted the 5th. Ill one month; quotidian ague; paroxysms severe; commence generally at seven o'clock A. M. Ordered

Quin. Sulph. gr. x. horâ 6 A. M. sumend.

6th.—Paroxysm came at usual hour, but was very slight; did *not* take a dose this morning, but the paroxysm did not return.

10th.—No return of paroxysm.

17th.—Sulphate Quinine, gr. iij. ter die, and presented cured.

CASES VII. VIII. and IX. *cured by full Dose directly after the Paroxysm.*

George Churn, æt. 16, admitted May 22d. Ill three months; type quotidian; paroxysms said to be unusually severe; begin about eleven A. M., continue till towards evening. Ordered to be taken immediately *after* the paroxysm,

Sulph. Quinin. gr. x.

25th.—Had a *slight* paroxysm on the 23d, when he took another dose; escaped yesterday and to-day.

30th.—No return of rigors. Presented cured.

Mark Donovan, æt. 28, admitted Dec. 13th, 1827. Ill one month; type

quotidian, but occurs at no regular period of the day. Ordered as above case.

18th.—*No paroxysm after one dose of medicine.*

20th.—Presented cured. Ordered Sulph. Quin. gr. v. bis die, for a week after discharge.

Elizabeth Brown, æt. 44, admitted October 15. Ill eighteen weeks; at first type tertian; last five weeks quotidian; paroxysms severe; commence about nine o'clock A. M., and continue till near evening.

Sulph. Quinin. gr. x. horâ 5. vesp. sumend. et rep. cras, si opus sit.

20th.—Paroxysm on 16th mild; dose repeated; has not returned since.

25th.—Presented cured. Sulph. Quin. gr. v. bis die sd. for a week after discharge.

CASE X.—*Quotidian Rigors, neither succeeded by hot nor sweating Stage, cured by Sulph. Quinine.*

John Bowes, æt. 45, admitted Jan. 3d. Has been ill three weeks; when admitted, had daily severe cold shivering, which continues from one to two hours; cold begins in the feet, gradually extends over the whole body, when complete rigors come on: which, after the above period, subside, and the surface of the body resumes its usual temperature; his countenance has the peculiar sallow cast of a person suffering from ague; complains also of pains in the limbs; apparently rheumatic, increased by cold. Ordered

Træ Opii. ℥xx, immediately before the rigors.

5th.—No relief afforded by laudanum.

Træ Opii. 3j. ut antea sd.

8th.—No better; severe rigors every evening as usual. Ordered to be taken immediately after fit,

Sulph. Quinin. gr. x.

12th.—No return of rigors since the dose of quinine; complains of pains in limbs, for which he has since been taking the colchicum, and is now trying warm baths, but the rigors have not (Jan. 23d) returned.

CASE XI.—*Ague, with Rheumatism; the latter cured by Acupuncture.*

Robert Mitchell, æt. 34, admitted January 11th. Ill three months; at first the type was tertian; the last three weeks more severe, and type quotidian;

complains also of considerable pain in loins, increased by moving in any direction, particularly stooping.

Quin Sulph. gr. v. ter die.

16th.—Ague cured; lumbago continues. One acupuncture needle to be introduced on each side the spine for one hour daily.

20th.—Second time needles were employed felt much relief; is now nearly well.

26th.—Discharged cured.

PROCEEDINGS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

February 4.

DR. HASLAM IN THE CHAIR.

MR. SHEARLY related a case which had occurred in the practice of Mr. Gellatly. A young man, 22 years of age, in consequence of an accident arising from the fall of a horse, became the subject of a swelling of the thigh, which gradually increased. For two months the swelling, which was partially indurated, made progress, without any discolouration of the skin, but with much disturbance of the general health. The antiphlogistic treatment, with the use of fomentations, poultices, and large doses of opium, was pursued, but without avail. The patient sunk nine months after the injury. The veins on the surface of the tumor presented the appearances described by Mr. Hey as characteristic of fungus hæmatodes. The thigh was twenty-seven inches in circumference, and the swelling reached from the great trochanter to the condyles. The substance of the tumor was lobulated, and portions of coagulated blood were interspersed throughout it, the interstices being filled by a fluid of the consistence of cream.

After some discussion on the above case, Mr. Howell detailed the particulars of the process of transfusion, in a case of uterine hemorrhage, which, but for this operation, had every appearance of terminating fatally.

WESTMINSTER MEDICAL SOCIETY.

February 2.

MR. ARNOTT IN THE CHAIR.

MR. BARRETT MARSHALL brought forward the subject of "Wounds in relation to Medical Jurisprudence," this evening.

He considered, *seriatim*, those which are necessarily, or generally mortal; those which are dangerous; and thirdly, those which are of trifling importance. We cannot follow him through the various subjects which he touched upon, indeed they were far too varied for *vivâ voce* discussion. We may mention, however, that he made a somewhat sweeping charge of neglect against the medical officers of the civil hospitals in this country, and visited what is commonly called the "Ellenborough act," and its medical admirers, Dr. Smith, &c., with rather severe censure.

The debate which followed was certainly unprofitable enough. It hinged upon the point as to whether or no coroners should be medical men, and several gentlemen spoke upon the subject; but as the law at present in force happens to be the law of the land, it seems to us that there was a vast deal of valuable argumentation very needlessly expended on the occasion.

Mr. North is to relate some fatal cases of hæmatemesis next evening.

EXTRACTS FROM JOURNALS, *Foreign and Domestic.*

VESICO-VAGINAL FISTULA CURED BY THE ACTUAL CAUTERY.

THE following case is recorded in *Annali Universali di Medicina*. A woman twenty years of age, of healthy appearance, and in the seventh month of pregnancy, was admitted at the Lying-in-Hospital at Rovigo. At the usual period labour commenced, the head presented and remained forty-eight hours under the arch of the pubis, but at length the accouchement was completed. No inconvenience was experienced till the third day, when in the attempt to evacuate the bowels, she perceived that the urine came away involuntarily. On examination, some callous ulcers were found at the orifice of the vagina, which healed in the course of a month, under antisyphilitic remedies. She was now discharged, but returned in three months, acknowledging that she had all along laboured under incontinence of urine, and had concealed it in order to be discharged. Suspecting paralysis of the neck of the bladder, recourse was had, but in vain, to astringents, tonics, and other means,

both general and local. At length, Dr. Bellini, examining the parts more carefully, discovered a little depression at the anterior and lateral part of the vagina, near the mouth of the uterus, through which the urine flowed when the parts were moved. He at first thought (what appears to us the most rational conjecture) that the mischief had originated from the pressure of the child's head during the two days it remained locked under the pubis; but he afterwards abandoned this idea, and determined to treat it as a syphilitic ulcer; accordingly mercury was employed, and pieces of charpil dipped in a solution of corrosive sublimate introduced into the vagina. As these proved unavailing, it was determined to have recourse to the actual cautery. For this purpose a silver tube was introduced guided by the finger, and through it a cautery at a white heat applied to the ulcer. A permanent cure speedily followed this operation.

The operation described by the Italian surgeon appears to have been successful, but it is such as few women among us would submit to. M. Lallemand contrived an ingenious instrument to remedy a case of this kind which fell under his observation, where likewise it arose from a laborious labour; the wound was transverse, and situated fourteen lines from the meatus urethricus, and was seven lines in extent. It was necessary not only to remove the callosity of the edges, but to retain them in contact for a sufficient time, in order to secure their reunion. A little cone of lunar caustic placed in a ring and applied to the part was sufficient for the first of these purposes; the second was not so easily accomplished. It was necessary, to guard the wound from the passage of the urine, to bring forward its posterior, and push back its anterior border, so as to bring them into apposition. A silver catheter, four inches long and three lines in diameter, was introduced, both for the purpose of removing the contents of the bladder and of supporting the rest of the apparatus. To drag forwards the posterior border of the wound, it was crossed at the distance of six lines from the opening by two little hooks like the claws of a cat; these hooks united at the base, and, concealed in the catheter during its introduction, were protruded by a particular mechanism, and so contrived as to bring forward the posterior edge of

the wound, while its anterior edge was pushed back to meet it by a spring of elastic silver surrounding the catheter. The other end of this spring acting against a plate of silver on the pubis externally, keeps the whole pushed towards the bladder. The application of this instrument, which, however, it must be acknowledged, is very complicated, had the effect of curing the fistula in the course of a month. The only precaution taken being that of removing the instrument occasionally that the little hooks above mentioned might not penetrate the parts they were only intended to press against.

FRACTURE OF THE BASE OF THE CRANIUM, AND DEATH FROM A BAYONET WOUND IN THE FACE.

A GRENADIER, aged 24, during the exercising of his company, and when in rapid motion, ran his face against the bayonet of the man in front of him, who had dropped down in a fit, and with such force as to bend the bayonet to a right angle. Giving a loud shriek he fell and fainted. On recovering from this he was taken to the hospital; the triangular wound over the right os malæ, deeper than which it could not be traced, bleeding but little. As might be expected, considerable swelling took place, with severe headache and violent inflammatory fever: there was also repeated vomiting. In the course of thirteen days the febrile symptoms ceased, and in twenty-four days after the accident he returned to his duty. For fourteen days he was constantly occupied on guard and in exercising, nothing else being noticed about him than that he complained of a trifling dull headache, and that he had a depressed look. The loss of his hearing now attracted notice. He was sent into the hospital again, and died two days afterwards, *viz.* on the 4th of June, the accident having happened on the 8th of April. On dissection, with great extravasation, a fissure was found running from the zygomatic process of the os malæ through the sphenoid to the petrous portion of the temporal bone, out of which a piece was broken over the canalis caroticus.—*Hecher's Annalen.*

ON THE TENDENCY OF MATTER TO BECOME ORGANIZED.

WE noticed, on former occasions, M. Bory de St. Vincent's observations on those ambiguous beings, which, during

a part of their life, are collected into filaments, whose colour and general aspect are those of vegetables, and which, at certain periods, separate and assume the voluntary motion of animals. M. Gaillon, an enlightened observer, the author of an interesting memoir on the cause of the green colour in oysters, has discovered that it is produced by the *Conferva comoides*. He has seen the greenish corpuscles, which form its axis, become detached, advance with more or less rapidity, change place, and, in short, act in all respects like enchylides and cyclidia. Taking entire filaments, he forced these minute beings to separate before the time; and, in this case also, they manifested the same voluntary movements. Their propensity to associate is so great, that, whenever the young can do so, they arrange themselves, one after another, in a single line; and, when in this position, M. Gaillon thought he observed them to exude from their substance a mucosity, which forms itself into a membrane, and entirely envelopes them. M. Bory de St. Vincent has continued to occupy himself with these microscopic transformations, having in view to penetrate to the first combinations of matter to which these corpuscles seem so near. Observing the appearances successively presented in water exposed to light, he thought he saw for the first time matter assume the aspect of a simple mucosity, without colour or form. If the water contains any animal substance, it produces a pellicle of this mucosity at its surface, then becomes turbid, and discloses an infinity of living atoms, if we may so call those monads, which, after being magnified a thousand times, are not so large as the point of a needle, and which yet move in all directions, with prodigious velocity. This is what M. Bory names matter in the living state. When the water is exposed to the air and light, there quickly forms what is named the green matter of Priestley, which many observers have supposed to be the first state of certain confervæ, or plants of a like nature. M. Bory thinks that it is a combination of a more general form, and only susceptible of entering into the composition of these plants, as well as of the animalcules which issue from it, and which produce them. He names this combination *matter in the vegetative state*. It is by it that the infusory animals are rendered green. Those which colour oysters, according

to M. Gaillon's observations, produce this effect, as M. Bory says, only because they are themselves coloured by the green matter. It colours, in the same manner, the water and the shells of these oysters; and it would not be impossible to find some tinged directly by this matter, without any animalcules having penetrated into them. It is so difficult to render observations of this kind complete, and one may always so easily suppose an anterior state, still more attenuated, and which may have escaped every microscope, or invisible germs, which the necessity of the concurrence of air prevents from separating, that many philosophers will probably refuse to admit the consequences, which the author would draw from these facts, for attributing to matter a general disposition to become organized, which would be independent of the ordinary mode of generation.—*Mem. de l'Acad. Roy. des Sc.*, t. vi. p. 121.

PECULIAR CASES OF THE USE OF MILK AS FOOD.

THE giraffe which was sent to the king of France by the Pacha of Egypt, was observed never to drink the smallest quantity of water, but only milk. This odd circumstance is explained by the person who describes its habits and manners, as resulting from the circumstance, that, being taken whilst young, it was, probably, supplied with milk, which, not having been discontinued, has occasioned this permanent inclination in the animal. It appears very probable, that animals which drink but little naturally, will not drink water, if a sufficient quantity of milk be supplied to them. Milk was offered to the young asses which had been separated from their dam for some time, and they drank it with pleasure. It was then offered to a young mule, and to a horse five years of age; both drank of it. Being offered to a monkey, it seemed never to have taken enough. Pigs, dogs, cats, and rats, drink milk with avidity. "I will quote, on this occasion, a curious fact, but little known, that of a goat, which sucked itself, and which was, with difficulty, broken off this bad habit." Now, as there are so many animals which are fond of milk, without having preserved the habit of drinking it, it will not seem surprising that the giraffe, a herbivorous animal, which has been continually supplied with this drink, should prefer it to all others.

ON THE PREDESTINATION OF THE SEX.

IN a memoir printed in his *Medical Journal*, in 1819, M. Hufeland showed that the numerical relation of the individuals of the two sexes in man (21 : 20) is the same over the whole surface of the globe; that this relation does not depend either upon climate or planetary influences, or upon the generative act, but that the sexual difference already exists in the germ formed beforehand in the mother, and that the fecundating principle has only to give animation to it. To the recent inquiries made in France by MM. Olivier, Prevost, Dumas, and Girou de Buzamique, and the conclusions which they have elicited, M. Hufeland opposes several objections, viz. 1st. The sexual union of a middle-aged man with a younger woman being, for very natural reasons, the most frequent of all, there ought to result a very great excess of male children, which, however, is by no means the case. 2dly. In long wars, where the class of young men is nearly exhausted in a nation, a marked excess ought to manifest itself on the side of the female sex, which, however, is never observed. 3dly. The conjugal unions in which the parties are of equal age, ought to produce an equal number of male and female descendants, through the whole duration of life, which is not the case. 4thly. Experience shows conjugal unions of middle-aged men with young women, by which, however, there have been only female children. 5thly. Even allowing all the combinations established upon the influence of the relative age of the father and mother, they are not sufficient to explain the constant relation of 21 : 20 between the sexes. The same objections may also be made to the influence attributed to the relative power of the constitution of the male and female, which has been estimated for the purpose of levelling the exceptions. With regard to experiments upon animals, it is clear that they are inapplicable to man. The numerical relation between the two sexes does not depend upon accidental circumstances, but is founded upon a superior law of nature, constant in all climates, and at every period of time.

EXTRACTS FROM THE PORTFOLIO
OF A READING DOCTOR.BLUMENBACH'S MANUAL OF NATURAL
HISTORY.

(Concluded.)

Page 127. *Ambergris.*

Found in its bowels. This seems to confirm the opinion of the ancients, who thought ambergris a stercoral stone of the whale. Others had since then considered it as a vegetable resin, of which in Guiana some is found precisely, as is said, resembling ambergris; others again have thought it a mineral, but probably it is a species of disease, it being found regularly, and in the largest quantity, in the old, lean, and sickly caschelot, or white whale.

To this note we think it worth while adding the following conjecture, which we copy from *Blackwood's Magazine*, February, 1826. "Ambergris: the origin of this substance is involved in complete obscurity; all that we know of it is, that it is most commonly found in lumps floating on the ocean, sometimes adhering to rocks, sometimes in the stomachs of fish—but whence does it come? By what process is it formed? Every body knows the history of that greasy substance, called adipocire. On digging up the bodies in the cemetery of St. Innocents, at Paris, many of them were found in part converted into a substance resembling spermaceti; and that it has since been ascertained, that if the flesh of animals, instead of undergoing putrefaction in air, undergoes the slower changes which take place under water, in a running stream, it is gradually converted into this substance. It is not an improbable conjecture that ambergris is the flesh of dead fish which has undergone this change—that it is marine adipocire. And this conjecture is corroborated by a fact which was lately stated in one of the American newspapers. A marine animal of gigantic size has lately been discovered, and dug up in the neighbourhood of New Orleans, in the groove of one of whose bones was found a matter closely resembling ambergris. This animal, which is supposed to be extinct, had been buried for an incalculable time."

Page 130. *Lungs of Birds.*

If a bird's bill is fastened up wholly with wax, and a small opening made in

the belly, and a small pipe inserted into the air-vessels there, the bird will live till it dies from hunger, breathing through its belly.

Page 137. *Birds.*

In birds parturition is a voluntary act, and a hen once trod by a cock can lay fecundated eggs five weeks after.

Page 138. *Incubation.*

The poodles in Gottingen are astonishingly docile. Blumenbach knew himself one who had actually brooded an egg, and after the chicken came out attended it with maternal care, like a woman who had for three weeks kept an egg under her arm-holes till the chicken came out. It is an exceedingly valuable fact, that hens reared from eggs oven-hatched, in Egypt, whose grand and great grandmother have been reared from eggs hatched in the same way, lose the instinct of brooding.

Page 141. *The Pigeon.*

A pigeon, and many other birds, proportion the length of time in which they retain the grain in their crops to the age of their young; when very young for three or four hours till it is quite a pap, then gradually decrease till they give it them quite raw.

Page 179. *Sparrow.*

Bradley made observation that one pair of sparrows in one week carried to their nest 3360 caterpillars and other insects.

Page 191. *Quails.*

The quails are in some parts of the world dumb, so are the frogs in Siberia, and dogs in some parts of North America. Italian quail connoisseurs moult a pair or two of their quails forcibly by pulling out the feathers six or seven weeks before the natural time, that when that time comes and the other quails are dumb, these may sing.

Page 194. *Poultry.*

The *tail-less* poultry are called in Germany *English* cocks and hens, as a satire on our docking of horses—nothing can look more frightful.

The above fasciculus concludes these notes, which, as we mentioned in No. II. were taken by an eminent literary character of the present day, whilst attending Blumenbach's Lectures.

AN EPITAPH BY SIR GEORGE BAKER
ON MRS. VANBUTCHEL, WHO WAS
PRESERVED IN SPIRITS BY DR.
HUNTER, AT THE REQUEST OF HER
HUSBAND.

In reliquias Mariæ Vanbutchel, novo miraculo consecratas, et a Marito suo superstites cultu quotidiano adoratas.

Hic, exsors tumuli, jacet
Uxor Johannis Vanbutchel,
Integra omnino et incorrupta,
Viri sui amantissimi
Desiderium simul et deliciæ;
Quam gravi morbo vitiatam,
Consumptamque tandem longâ morte,
In hunc, quem cernis, nitorem,
In hanc speciem et colorem viventis
Ab indecorâ putredine vindicavit,
Invitâ et repugnante naturâ,
Vir egregius, Gulielmus Hunterus,
Artificii prius intentati
Inventor idem et perfector.

O fortunatum maritum

Cui datur

Uxorem multum amatam
Retinere unâ in unis ædibus,
Affari, tangere, complecti,
Propter dormire, si lubet,
Non fatis modo superstitem,
Sed (quod mirabilius)

Etiam suaviorem,

Venustiolem

Habiliorem

Solidam magis, et magis succi plenam
Quam cum ipsa in vivis fuerit.

O fortunatum virum, et invidendum,

Cui peculiare hoc, et proprium contingit

Apud se habere fœminam,

Constantem sibi,

Et horis omnibus eandem.

NOTICES.

The communications of a Dublin "Licentiate," "Dr. Baron," "Eblanensis," "Mr. Travers," "Mr. Dix," "Phlebotomy Simplified," "J. S.," and "Spectator," have been received.

We have received a letter, signed "A Lover of Consistency," in which some severe strictures are made on Mr. Samuel Cooper, but we do not think the subject worth farther discussion.

The case of Mr. H. had been mislaid; we hope to hear from him again.

We are sorry that we cannot insert Mr. M.'s letter; we have already exposed the *Lancet* sufficiently on the score of unfairness.

In answer to Mr. R., we beg to say that our arrangements are, at present, complete, so that we cannot avail ourselves of his services.

ERRATUM.

Page 256, line 20 from the bottom, for "cannot be irritated," read "cannot *but* be irritated."

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OBSERVATIONS

ON THE

DISEASES OF THE URETHRA,
BLADDER, AND PROSTATE
GLAND.

By B. C. BRODIE, F.R.S.

As delivered by him in his Surgical Lectures.

(Continued from page 237.)

IRRITABLE BLADDER.

IN the greater number of cases of disease of the bladder, the most marked symptom under which the patient labours is a too frequent desire to void the urine. The bladder is irritable: and those who are more versed in the study of symptoms than in that of morbid anatomy, are apt to confound diseases, essentially different from each other, under the general appellation of *irritable bladder*. In what I am going to say on the subject of these diseases, however, I shall apply the term *irritable bladder* to those cases only in which the irritability is not the consequence either of inflammation or of organic disease.

You will be consulted by some persons, especially among the higher classes of society, who have a too frequent inclination to void the urine, who void it in small quantities at a time, but without pain or suffering, and in whom the symptoms seem to depend on the condition of the digestive organs. In these individuals the digestion is generally slow, and the stomach and intestines are liable to be distended with flatus. It is not improbable that, in some of these cases, the immediate cause of the irritability of the bladder is that the urine is secreted of an improper quality,

and that it acts as too stimulating an application to the mucous membrane. It may contain too great a quantity of lithic acid, immediately turning the litmus paper to a bright red, and perhaps depositing the lithic acid in the form of red sand, or it may contain a large quantity of the lithate of ammonia, depositing it as a yellow or pink uncrystallized sediment. Persons who indulge much in eating, and in the use of fermented liquors, especially if they take but little exercise, or have a disposition to gout, are very liable to this train of symptoms. They are to be combated by regulating the diet, which ought to be of a simple kind, and taken in small quantity, by the use of purgatives, the exhibition of the carbonate of soda with a light bitter infusion, to which small doses of the *vinum colchici* may be added in the cases of those who have a gouty diathesis.

There are other cases in which the irritability of the bladder seems to depend on a too great sensibility of the organ, independent of inflammation, and of any derangement of the digestive functions. It may be merely the result of general nervousness, of the same state of nervous system which, in some other individuals, occasions a constant winking of the eyes, &c. The frequent expulsion of the urine, being once begun, is kept up by habit: the bladder becomes less capacious than it ought to be, and it is not until after the lapse of time, and not without some effort on the part of the patient, that its natural capacity is restored. There are other persons who will consult you in private practice, having a very frequent inclination to void the urine, and confidently believing they have a disease in the

bladder, but in whom no such disease exists. The fault is not in the bladder itself, but in the kidneys, which secrete a too abundant quantity of urine. Now these things may appear too trivial to be worthy of being mentioned; and the only reason for mentioning them is, that you may be placed on your guard against confounding such cases as these with those of more serious maladies.

INFLAMMATION OF THE BLADDER.

Acute inflammation of the bladder is not of common occurrence; and certainly it is much less common than you would suppose it to be from what is said on the subject by nosological writers. Cases of retention of urine, and cases of inflammation of the prostate gland, have been not unfrequently mistaken for it by those not much conversant with these diseases. Acute inflammation of the bladder does, however, occur sometimes. You have the opportunity of seeing it occasionally in cases of gonorrhœa. Where there is a sudden suppression of the discharge from the urethra, the metastasis takes place sometimes to the testicle, sometimes to the prostate gland, at other times, but less frequently, to the mucous membrane of the bladder. The patient has frequent desire to void his urine, with a sensation as if there was urine in the bladder, when there is really no urine in it, and he strains to make water with the bladder empty. There is pain referred to the region of the pubes and perineum: the urine deposits a sediment, which falls to the bottom of the chamber-pot in the form of a white powder. The pulse is frequent, and the tongue is furred. These symptoms may continue several days; and in cases of gonorrhœa they last until the purulent discharge from the urethra is restored. The disease is to be combated by taking blood from the arm, or from the loins by cupping, or from the lower part of the abdomen by leeches, by rest in the horizontal position, by the daily use of opium in the form of clyster, and the exhibition of saline medicine, with small doses of Dover's powder, or of laudanum with antimony.

Chronic inflammation of the mucous membrane of the bladder occurs very frequently as a secondary disease, depending on long continued stricture of the urethra, or on disease of the prostate, or on stone of the bladder. Women are also liable to it, in whom

there exists an ulcerated communication between the bladder and vagina. As a primary affection it is comparatively rare. However, it occurs as such sometimes, and I have seen several patients in whom it had existed for a considerable length of time, and could not be traced to any other disease. I shall describe to you, first, the appearances which the diseased parts exhibit on dissection; then the symptoms which it produces, and the treatment which it requires.

The mucous membrane, in the first instance, instead of having the usual white colour, is slightly red, in consequence of its vessels being seen ramifying on its surface injected with their own blood. As the disease proceeds the discolouration becomes greater, until, at last, the mucous membrane appears almost black from the turgid state of the vessels; at the same time it is somewhat thickened and pulpy to the touch. The inflammation extends up the membrane of the ureters; which, in their turn, assume much the same appearance with the bladder itself. The pelvis of each kidney, and the processes of the pelvis, or infundibula, become inflamed also: and these, as well as the ureters, are generally dilated, so as to be more capacious than natural.

This dilatation is greatest where there has been a long continued difficulty in voiding the urine; but it exists in other cases also, though in a less degree. The glandular structure of the kidneys now becomes affected. They are rendered softer and more vascular than natural; and sometimes they are enlarged in size, and approach in their appearance to that of a brown medullary tumor. Collections of mucopurulent fluid, tinged brown with grumous blood, and offensive to the smell, are sometimes found in the dilated infundibula: at other times there are distinct abscesses in the glandular structure. In cases where the disease is farther advanced before the patient dies, we find that the inflammation has extended to the muscular tunic of the bladder, and to the loose cellular membrane by which the bladder is surrounded. Coagulated albumen is deposited in the cellular texture; not unfrequently, small putrid abscesses form in it; and sometimes it is found after death in a state of slough, or approaching to it. Occasionally, but rarely, ulceration takes place on the inner surface of the bladder, and sometimes to a

Very great extent. A patient, about fifty years of age, died in our hospital, labouring under the symptoms which I am about to describe. On examining the body, the mucous membrane was found destroyed everywhere, except a very small portion near the neck of the bladder. The muscular fibres were as distinctly exposed as they could have been by the most careful dissection. The prostate gland in this case was slightly enlarged; the membrane of the ureters and pelves of the kidneys were much inflamed, and the ureters were dilated. I remember a preparation, exhibiting nearly the same appearances, in Dr. William Hunter's Museum, which was formerly in Windmill Street, but which is now in Glasgow.

As chronic inflammation of the bladder is, in the majority of cases, not a primary but a secondary affection, the symptoms of it are generally blended with those of another disease, as of stone in the bladder in one case, of stricture in the urethra, or enlargement of the prostate in another case. I shall endeavour to describe the symptoms as nearly as I can, distinct from those of the diseases which it accompanies, such as you find them to be in those cases in which the inflammation of the bladder is the only existing malady.

The patient has frequent desire to void his urine, and the urine deposits, as it cools, a thick adhesive mucus, which clings to the bottom of the chamber-pot. This mucus is of a greyish colour streaked with white, and sometimes tinged with blood. There is slight pain previous to making water, and also while the urine flows. These symptoms may continue for a great length of time without becoming very urgent. However, they gradually increase until the irritation of the bladder becomes excessive, and the quantity of mucus deposited is so great, as in some cases to be nearly equal to the urine itself. In this last respect, however, there is a great difference in different cases. The urine ultimately is voided of a brownish hue, and of an offensive odour. The patient has shiverings; his pulse becomes irregular and intermitting; his tongue brown; he sinks, and dies. In the case which I mentioned, in which the bladder was extremely ulcerated, there was excruciating pain referred to the perineum and urethra, especially after making water; and the introduction of a sound

into the bladder occasioned excessive torment. The symptoms which existed in the patient whose ulcerated bladder is preserved in Dr. William Hunter's Museum, are thus described in Dr. Hunter's Catalogue. "Great pain and scalding in voiding the urine, a discharge of pus, and occasionally of blood."

The mucus which is deposited by the urine in these cases deserves our especial notice. It is thick and viscid, clinging to the bottom of the chamber-pot, hanging down in the form of long ropes when you pour the urine from one vessel to another. It is highly alkaline, turning the turmeric paper immediately brown. When small in quantity, although the mucus is alkaline, the urine often remains acid, as has been observed by Dr. Prout; but when the quantity of mucus is large, it imparts its alkaline quality to the whole of the urine, which, under these circumstances, is liable to deposit a calculous substance, composed of the triple phosphates of ammonia and magnesia, in small masses of the consistence of recently made mortar. It is the formation of this peculiar mucus which led the old physicians and surgeons to apply to this disease the name of *catarrhus vesicæ*.

In the treatment of chronic inflammation of the bladder, you are to consider whether it be a primary or secondary affection; and if the latter, the first thing to be done is, that you should remove or palliate the original complaint. If there be a stricture, you are to dilate it: if there be a stone in the bladder, you will in vain endeavour to remove the inflammation, without removing the stone which has produced it: if there be a disease in the prostate gland, you are to resort to the plan of treatment which I shall describe to you in a future Lecture.

But even in these cases something may be done by other means towards relieving the inflammation of the bladder; and where the inflammation of the bladder is the original disease, of course these other means are all on which you are to depend.

Let the patient remain as much as possible in the horizontal posture. When he sits or stands, there is the weight of the whole column of blood from the head to the pelvis pressing on the vessels of the bladder; and these vessels become distended, which are

comparatively empty when he lies down. The horizontal position is as important in diseases of the bladder, as it is in diseases of the uterus; as important as an elevated posture and a high pillow are in cases of determination of blood to the head; and its importance rests on precisely the same principle.

Opium agrees remarkably well with patients who labour under chronic inflammation of the bladder. It may be administered in the form of an enema at bedtime; and other sedatives, as the extract of hyoscyamus, or lettuce, or poppies, may be administered besides, if necessary. The bowels should be kept in an open state, but no violent or drastic purgatives should be exhibited. Mercurial remedies, whether given in the form of alteratives, or in larger doses so as to affect the constitution, are certainly not beneficial, and are often injurious.

In some instances, where the digestion is impaired, small doses of alkalies may, combined with light bitters, be exhibited with advantage; but the extensive use of alkalies is prejudicial, causing the triple phosphates to be deposited in larger quantities than before.

The uva ursi has the reputation of being useful in some cases of chronic disease of the bladder, and in this among the rest. I must say, however, that I have been disappointed in the use of the uva ursi, and that I have not seen those advantages produced by it which the general reputation of the medicine had led me to expect. I have seen much more good done by a very old medicine, which has been long ignominiously, but unjustly, expelled from the Pharmacopœia of the College of Physicians, namely, the root of the *Pareira brava*. And with regard to this, I am satisfied that it has a great influence over the disease which is now under our consideration, lessening very materially the secretion of the ropy mucus, which is in itself a very great evil, and, I believe, diminishing the inflammation and irritability of the bladder also. It may be exhibited in the following manner. Take half an ounce of the root of the *pareira brava*, add three pints of water, let it simmer gently near the fire until reduced to one pint. The patient is to drink from eight to twelve ounces of this decoction daily. You may add to it some of the tincture of hyoscyamus; and in those cases in which there is a deposit of the triple

phosphates, you may also add some of the muriatic, or diluted nitric acid. Very small doses of turpentine are sometimes beneficial in these cases. You may begin with one or two grains of Chios turpentine twice daily, giving a somewhat larger quantity afterwards. I have often known the symptoms to be much alleviated under the use of the cubebs pepper; but it must be given only in small quantities, fifteen or twenty grains, for example, three times daily. Given in large doses it is injurious. I was consulted by a gentleman who laboured under chronic inflammation of the bladder, and I prescribed him fifteen grains of the powdered cubebs to be taken every eight hours. He was very much relieved, so much so, that he began to look forward to his recovery. Being anxious to expedite his cure, of his own accord, and without my knowledge, he took the cubebs in larger (I believe in dram) doses. This was followed not by a diminution, but by an aggravation of all his symptoms. The irritation of the bladder was much increased, the mucus was secreted in a much larger quantity than before, and ultimately the patient died; his death being, I will not say occasioned, but certainly very much hastened, by his imprudence in overdosing himself with the cubebs.

After all, however, where the chronic inflammation of the bladder is the primary affection, the cases in which you are able to effect an absolute cure are very few indeed. You may palliate and relieve the patient's distress, but you seldom can do more than this. In the majority of instances it is a disease of advanced life, marking a general failure and decay of the animal machine.

TUMORS AND EXCRESCENCES OF THE BLADDER.

Morbid growths occasionally take place from the inner surface of the bladder, constituting the most formidable of all the diseases to which this organ is liable.

These morbid growths are of various kinds: the most common have the structure of fungus hæmatodes; but sometimes they resemble scirrhus. In Dr. W. Hunter's Museum there is a preparation of a bladder, the inner membrane of which is, in several parts, elongated into laminæ or processes, each about one quarter of an inch in length. I have seen one case in which a fungus

projected into the cavity of the bladder, having somewhat of a fibrous structure, and a good deal resembling in appearance the vessels of the placenta when unravelled.

I do not undertake to point out to you the peculiar symptoms by which these different kinds of excrescence are to be distinguished from each other in the living person: and as such cases are all equally beyond the control of art, the distinguishing them from each other is of little real importance.

The patient in these cases has a too frequent desire to void his urine; the urine is, more or less, and sometimes constantly, tinged with blood; and flakes of coagulated lymph, and not unfrequently what appear to be small sloughs, are seen floating in it. Beyond these the symptoms vary a good deal according to the situation of the tumor in the bladder. A patient who had long had difficulty of making water, was admitted into our hospital with a complete retention of urine. I introduced a catheter, which, however, drew off no urine. I therefore punctured the bladder above the pubes, where it formed a very prominent tumor. A canula was allowed to remain in the wound, through which the urine continued to flow. The patient, however, survived the operation not many days: and on examining the body after death a large medullary or fungous tumor was discovered growing from the inner surface of the bladder, and completely obstructing the inner orifice of the urethra.

In another case the patient complained of frequent desire to void his urine, but never had any difficulty in voiding it; there was blood in the urine, and pain referred to the urethra and glans after the urine had flowed. But the most marked symptoms under which he laboured were a constant wearing pain in the loins and in the lower part of the abdomen above the pubes. He thought that this last symptom was relieved by pressure, and was accustomed to walk about with his hand constantly applied to the part to which he referred the pain. These symptoms continued and increased for seven or eight years, at the end of which time the patient died. On examining the body after death the bladder was found much contracted, and there was a tumor growing from the mucous membrane at the fundus, and projecting into its cavity. This tumor, at its basis, had the struc-

ture of scirrhus, but where it projected into the bladder it had the structure of fungus hæmatodes. The fundus of the bladder had contracted adhesions to the sigmoid plexure of the colon, and a portion of the tumor projected into the cavity of that part of the great intestine. The ureters were dilated each to the size of the small intestine, and the pelves of the kidneys were much dilated also, forming considerable sacs or pouches distended with urine.

I attended a gentleman who laboured under symptoms which seemed to indicate the existence of a fungous tumor of the bladder; at last the urine flowed from him constantly and involuntarily, and he suffered unremitting pain in the perineum, urethra, and pubes: a large tumor now showed itself in one groin, which increased rapidly up to the day of his death. On examining the body there were found scarcely any remains of the natural structure of the bladder: nearly the whole of it was converted into a fungous tumor, occupying the cavity of the pelvis and extending itself laterally so as to present itself in the groin.

These cases admit of no relief beyond that which is to be derived from the exhibition of opium, and rest in the horizontal position. There is nothing then to be said respecting their treatment: however, it is of some consequence that we should be able to distinguish them from other cases in which surgery may be useful. The principal diagnostic marks then are these. There is pain after making water, and blood in the urine: so far the symptoms resemble those of stone in the bladder. But the seat of the pain is more extensive than in cases of calculus. We observe flakes of lymph and fragments of slough floating in the urine; the urine is generally offensive to the smell; and when a sound is introduced into the bladder it often strikes against a solid substance, which gives to the fingers a peculiar sensation entirely different from that given by a calculus.

CLINICAL LECTURE AT THE HÔTEL DIEU.

BY M. DUPUYTREN, PROFESSOR.

ON DIFFUSE INFLAMMATION.

AT No. 11, in the ward of St. Agnes, there is a *circumscribed* inflammation of the thigh; at No. 28, and others in the same ward, are cases of *diffuse* phlegmon. Why is there this distinction made? A little attention to the phenomena of the disease will explain this; and at the Hôtel Dieu it is more especially easy to mark this distinction, since there are few establishments in which diffuse inflammation is more frequently to be met with, or where it occasions greater ravages.

Let us see, in the first place, what are the signs of the circumscribed phlegmon; let us examine the patient at No. 11. In consequence of an exertion of the limb the upper and inner part of the thigh was attacked with pain; to this painful sensation, redness, tumefaction, and tension presently succeeded; a local fever took place; but these symptoms were not sufficiently intense to produce general reaction: the evil, however, increased, the patient became unable to work or to walk, and at length was admitted into the hospital. M. Dupuytren, aware that slight excoriations on the foot or leg, in the course of the lymphatic vessels, are often the cause of considerable phlegmons in the vicinity of the groins, examined the patient accurately, but found neither excoriation nor any thing that could be considered as the cause of the disease; this is therefore an *idiopathic* phlegmon. The skin was red, tumid, and tense; the slightest pressure produced great pain; and it may as well be observed in this place, that the phlegmon, which has been for ages considered as the prototype of inflammation, is, in fact, frequently a very satisfactory example of this kind of affection. But in all inflammations the degree of intensity varies; there are some in which one or more of the symptoms of phlegmonous inflammation are absolutely wanting; thus in those internal inflammations, called latent, pain is altogether wanting. Thus, also, there is little or no tumefaction attending inflammation of the serous membranes, and of the arachnoid especially; there does exist, however, in these inflammations, a

slight tumefaction—an effusion in the cellular tissue close to the diseased membrane. Again, redness and heat of the surface are commonly wanting in the internal phlegmasiæ, at least, frequently their presence cannot be detected.

When the phlegmon is circumscribed to a very small space, as in the whitlow, anthrax, &c., the local fever seldom gives rise to any general phenomena; but if it be large, if it occupies the axilla or the ham, the fever becomes general, and reaction is established. Without this, indeed, the external phlegmon is easily discovered, but it is not always so with the internal phlegmons; there the reaction throws light upon the diagnosis, not that the *absence* of general reaction is sufficient to prove their nonexistence; for in chronic phlegmasiæ, either fever does not exist, or at least it is scarcely apparent. Since we are upon the subject of febrile complication, it may not be improper to call to your recollection that after surgical operations, such, for example, as amputation of the leg or thigh, there is another kind of fever which comes on commonly on the third or fourth day, this is the *traumatic fever*, which, although easy to distinguish when simple, or isolated, is full of difficulty in forming the diagnosis, when it accompanies (which is often the case) an internal phlegmasia, as pneumonia, or hepatitis. If the internal disease does not give rise to any local pain, if it be not marked by any very decided symptoms, this complication embarrasses the physician and it becomes impossible to distinguish whether the fever is owing to the operation, or to an internal inflammation, or be a result of both these causes combined. Very often, it is true, other symptoms come on, and the internal affection becomes evident; but then the disease is almost always beyond the reach of art. Such are the signs of the circumscribed phlegmon. With regard to that which M. Dupuytren has been accustomed since the year 1814 to call *diffuse* phlegmon, let us take an example, and from this afterwards pass to the consideration of the disease generally.

At No. 25, in St. Agnes ward, there is a man with an ulcer which has covered almost the whole of the leg: an extreme fætor, and a superficial eschar, had been treated and combated by a solution of the chloride of lime; the eschar fell off, and the odour immediately

disappeared. At this period all the medical attendants recommended amputation of the limb; M. Dupuytren, however, thought it still possible to save it; but about twelve days ago the patient was seized with shiverings; a slight redness appeared on the top of the foot, and at the inferior and anterior part of the leg; heat and tumefaction, both considerable and diffused, next presented themselves; the skin had an aspect, phlegmonous and erysipelatous at the same time, for the cellular tissue beneath was loaded, hard, and tumefied. In other situations erysipelatous inflammation often terminates by resolution, here, on the contrary, it always terminates by suppuration, the cellular tissue of these parts falling as readily into that state as that of the eyelids or scrotum. Now suppuration is an unfavourable termination of diffuse inflammation, it implies necessarily the destruction of the cellular tissue. Here the pus is thrown out, not in a cyst, not into one general cavity, but into each separate cell, into so many distinct and separate cavities, which never unite so as to form one. Thus when this inflammation ends in suppuration, the cellular membrane, in a state of gangrene, falls in large pieces: M. Dupuytren has occasionally extracted some shreds half a foot in length. At this period the purulent evacuation takes place, but other phenomena announce it likewise; the skin rendered thin, deprived of nourishment, and destitute of cellular tissue, which sustains the vessels by which it is supplied, becomes of a violet colour, and falls into gangrene from defect of nutrition, and not from inflammation. This consecutive gangrene of the skin is very common in the lower extremity, especially in the leg, where the large arteries, lodged deeply in the cellular tissue, only communicate with the skin by anastomosing vessels of small size, and where the destruction of that tissue involves that of all these communications. This consecutive gangrene very rarely takes place in the head. Nevertheless, diffuse phlegmon is frequent there, but then the disposition of the arteries is very different. Situated between the skin and the aponeurosis of the occipito frontalis, they are attached to the skin, and so attached that it is very difficult to separate them from it. If a diffuse phlegmon takes place in these parts, its constant seat is between the pericranium and the aponeurosis. When suppuration

takes place, if it be formed quickly and limited to the cellular tissue, without attacking the pericranium, the disease is not mortal. It is so, however, if the pericranium is either laid bare or destroyed. But the skin escapes destruction, the arteries continue to supply sufficient nourishment, and even should the whole of the cellular tissue of the cranium be destroyed, this would not intercept the arterial communication with the skin. M. Dupuytren has only met with one case in which the skin of the head was seized with gangrene.

In the patient at No. 25 may be seen the consecutive effects of this distressing disease: suppuration has taken place; the cellular tissue has been destroyed; the skin has sloughed to an extent equal to the palm of the hand; the tendons, the muscles, and the veins are exposed, until nature is able to provide a new cutaneous tissue.

Let us now proceed to consider the general history of the diffuse phlegmon.

Causes.—Frictions; slight wounds on the elbow or knee; venesection; and especially those internal causes, which also give rise to internal inflammations, are capable of producing this disease. The enumeration of the causes as well as of the symptoms explains why these inflammations are so common, why their number is greater than that of the internal phlegmasiæ, and why they are so often fatal.

Symptoms.—The coming on of the diffuse phlegmon is announced by a shivering more or less severe, and similar to that which precedes an attack of pleurisy. This shivering is followed by heat, by an attack of fever, which becomes continued, having, however, paroxysms and remissions two or three times in the day, which have often given rise to serious mistakes. Practitioners, mistaking this affection for intermittent fever, have prescribed bark, when other remedies were required. M. Dupuytren thinks it, therefore, essentially necessary to distinguish this symptomatic fever from one really intermittent, by pointing out the proper means of avoiding such dangerous errors. A trifling degree of pain in the skin frequently shows itself twenty-four or thirty-six hours before the shivering, often, however, the pain succeeds to it, and more than once, where this pain was the only existing symptom, M. Dupuytren has predicted the appearance of the erysipelas. The skin assumes a

red colour, similar to that of the common rose, and not so deep as the hue of the Provence rose. This redness is not uniform, it creeps along the skin, and it might as well be considered the approach of an attack of simple erysipelas, as of that of a phlegmonous erysipelas, if it were not for a trifling œdema in the subcutaneous tissue; and if the finger did not upon pressure leave a furrow, which remains until the circulation, becoming reestablished, restores the part to its previous state. What practitioner, not accustomed to witness this affection, could, from the simple redness of the skin, and the appearance of this slight œdema, predict the invasion of so formidable a disease?

However, the symptoms become aggravated; the fever increases; the finger no longer, when pressed strongly on the skin, produces a depression, but, on the contrary, meets with a marked resistance; the redness tends towards a violet colour; the skin is shining; phlyctenæ show themselves; the cellular tissue becomes dense and hard; the tongue is red and dry; the thirst is intense; the urine and other secretions are lessened, and sometimes entirely suppressed; sleep is banished, and the anxiety of the patient is extreme. Arrived at this stage the symptoms pause, and for two or three days the disease appears to be stationary; neither the redness, heat, tension, nor pain suffer any change; the phlyctenæ preserve the same appearance. The practitioner to whom the case is not familiar, deceived by this pause, believes that resolution is about to take place, and flatters himself that the patient has escaped the danger, when, in fact, it is most imminent, and when suppuration is announced. If at this period the skin and the cellular tissue be divided, a milky serosity escapes. The serosity is in abundance, the pus in very small quantity. A few days later and the incisions afford but little serum and plenty of pus. Still a few days later, and a matter, the colour of milk but of the consistence of lard, escapes; pressure squeezes out scarcely any pus; the cellular tissue is then, according to the expression of M. Dupuytren, *struck with suppuration*, a phrase which is equivalent to *struck with death*. Experience alone can enable the medical attendant to distrust sufficiently the above deceitful stage of the disease.

In one or two days afterwards, the

skin detaches itself, the phlyctenæ give way, and a violet coloured serum is discharged; underneath the skin white eschars are seen, sometimes black ones; these extend with rapidity. The period of this detaching of the skin is also that of the fragments of the cellular tissue; if taken hold of by the forceps, they resist at first, but when extracted, if they are put into water, the pus separates from them, and afterwards, if kept in the water, they will be seen covered with a substance like tow, resembling that which covers the membranes of a fœtus of from four, six, or seven weeks to two or three months; if macerated longer, they only exhibit a cellular woof covered with false membranes, and finally the cellular foundation only remains.

The skin is, however, now detached; its adhesions are destroyed; it is taken away without any effort; underneath are seen, here and there, little bands, or tongues, the only medium of union between it and the subjacent parts: these little tongues are formed by some small vessels and nerves which have escaped destruction: care should be taken not to disturb these adhesions. There yet exists redness and sensibility in some points of the skin: and here experience again points out that we are not to be misled by these false and deceitful signs, and that, in spite of this redness and sensibility, these portions of skin are nevertheless equally struck with death. In fact, in a few days the skin shrinks, loses both colour and sensibility, and dies from defect of nourishment without any fresh pain: then the ravages of the disease are at an end, but not the danger of the patient: this was seen in a person who lately died in the same ward (St. Agnes.) This man fell upon his knee; an erysipelatous phlegmon came on, and extended rapidly over the leg and thigh, in spite of the application of proper remedies, bleedings, leeches, large incisions; the aponeurosis of the thigh was exposed; the tibia and the patella were seen only covered with their periosteum; the whole leg at length was deprived of cellular membrane and skin; neither nature nor art could supply a remedy to such ravages; a suppuration to the extent of a pound and a half, or two pounds in the day, rapidly exhausted the patient's strength; and the best constitution, and the most vigorous youth, must infallibly succumb under such circumstances.

Complication.—If suppuration was the sole untoward symptom, something might be expected from the united efforts of nature and art; but abundant perspirations, and purging to the extent of from five or six even to twenty-four stools in the day, very frequently accompany the disease. In vain do you try to sustain the strength by all possible means; in vain are your efforts to arrest the purging.

A third series of symptoms comes on to overwhelm the patient, almost always towards the termination: either *suppuration of the lungs or liver, or within the pleura*, complete this melancholy picture. It may, in truth, be said that the disease, unable to exhaust itself in the part first seized, has developed an universal power of producing inflammation and suppuration; or, as the ancients said, that there existed in these unfortunate patients a true *puogenia*: more than the half of those attacked die of pleurisies, of inflammations of the liver or of other internal parts. Such is the history of this frightful affection, which produces more victims, perhaps, than any internal inflammation.

CASES IN WHICH PINS HAVE BEEN EXTRACTED FROM VARIOUS PARTS OF THE BODY.

To the Editor of the London Medical Gazette.

Sir,

I HAVE just read, in your weekly publication, Mr. Brodie's interesting case of needles extracted from the leg of a lady, which had accidentally insinuated themselves into the limb, causing very distressing symptoms. This history has brought to my recollection a case of some curiosity which occurred to me at the Bedford Infirmary twenty years ago, while physician to that excellent institution. A young woman had frequently attended as an out-patient for a troublesome cough and pain in the right side: there was no constitutional irritation indicated by quickness of the pulse, or any symptomatic hectic. I recollect, not considering the complaint of very great moment, but on account of the inconvenience it caused her, I prescribed several remedies, as she also prest herself upon my attention weekly on each receiving day. Finding that she got no relief from the cough or pain, and telling me that

she felt the side sore to the touch, I examined it, and found a very small tumor under the right breast, not so large as a small garden pea: it was tender to the touch, and easily movable under the finger by slight pressure. I divided the integuments over it with a lancet, when there immediately protruded the head of a common pin, with its body attached to it; no pus followed. The cough and uneasiness in the side very soon subsided after this irritating substance was withdrawn. The patient was one of those poor lace-makers, so numerous in Bedfordshire and in the adjoining county of Buckingham. These people, when they are removing the lace from the pillow, on which it is worked, to alter its position, are in the constant habit of placing a considerable number of pins in their mouths. This pin may have been swallowed unconsciously on some such occasion. Similar cases are upon record in medical histories; two just now present themselves to me. In the seventh volume of *Medical Facts* is related a curious case, upon good authority, of a female who, when deranged, had thrust a great many pins into each breast and under the skin between them: they remained there for many years without any inconvenience, and were discovered in consequence of a blow on her breast from a fall, when, on examination of the part by a surgeon, several pins were extracted, and many were left behind, as she would not suffer any more to be withdrawn, they giving her no uneasiness. It is recorded in the ninth volume of Dr. Duncan's *Med. Comment.*, that a common sewing needle was extracted from the right breast of a woman from a tumor which it had caused there. It was believed that the needle had been swallowed a considerable time before.

Doubts may be reasonably entertained that pointed bodies, found in the situations just described, have been previously swallowed, at the same time it is not very probable that they could have been forced into the flesh by external violence, without the person being aware of it.

I am, sir,

Your obedient servant,

G. D. YEATS.

Queen Street, May Fair,
January 17, 1828.

To the Editor of the London Medical Gazette.

Sir,

As you have recently published several cases of the passage of foreign substances through different parts of the body, perhaps your readers may find some interest in perusing the annexed statement.

I remain, sir,

Very faithfully yours,

J. BARON.

Gloucester, Feb. 5, 1828.

Elizabeth Townsend, æt. 24, was admitted Nov. 10, 1810, into the infirmary, and gave the following account of her situation. About two years ago, while employed as a laundry maid, she happened to have a great number of pins in her mouth: at that time a person came behind her and struck her unexpectedly on the back. During the alarm thereby occasioned the whole of the pins were swallowed. Twenty-four of them, she affirms, have made their way to the surface and been cut out. The scars are visible chiefly about the chest and arms.

She had not been long in the house before this account was as much confirmed as it could be. She remained in it till the 9th of May, 1811. During that period ten pins were discharged. The greater number came from between the ribs and through the mammæ. One was taken out of the arm near the elbow, another from the inside of the thigh, and a third was brought up by vomiting. This occurrence took place on the 18th of February. For some time before she went out of the house the symptoms denoting the approach of pins to the surface had disappeared, and as she did not know the exact number that had been swallowed, it was believed that they had all been removed.

On the 9th of December, however, she was readmitted, and remained in the infirmary till the 10th of September, 1812. The last pin, being the forty-third, was extracted from the right hypochondrium on the 29th of July.

The pins which were taken from between the ribs had lost their heads; some of them were much crooked, and of a large size. The heads were usually found on the dressings a few days after

the incisions had been made. This also happened in one which was cut from under the fascia of the thigh. As she did not recollect whether any of them were crooked before they were swallowed, it is impossible to tell whether their shape had been altered in passing through the body; but a force which could detach the heads may easily be supposed equal to accomplish this also.

While the pins were making their way through the internal parts *she was not aware* of their progress, but when they approached the surface, her sufferings from violent convulsions and pain were very great. This I noticed particularly before a very large pin was taken from the thigh. It had descended from the stomach to that part before she experienced any uneasiness, but when it got among the voluntary muscles, she was perpetually tormented with pain and successive attacks of epilepsy till the pin was cut from under the fascia. She had also very painful experience of the passage of the pins through the mamma and the intercostal muscles, and she could tell with great accuracy the number of pins that happened to be in the breast long before they could be felt by any other person. This fact is recorded in a report made in my journal on the 5th of December, 1810. On that day she said that there were three pins deep seated in the mamma, though neither she nor any one else could discover them by the touch. Her judgment, nevertheless, proved to be perfectly correct.

During the progress of her complaint she had frequent attacks of nausea and vomiting, but only one pin was discharged in that way, which was on the 18th of February, nearly two years and a half after it had been swallowed. It is probable that the last pin was exposed to the action of the stomach for a much longer period, it having been taken from the vicinity of that organ on the 29th of July, 1812, after having been in the body not much less than four years. I understand that epileptic seizures, to which she had been subject, recurred in this patient, and that they continued, though the causes by which they were originally excited had been long removed.

To the Editor of the London Medical Gazette.

Sir,

THE following case, abridged from a manuscript found amongst the papers of the late Dr. Fraser, may perhaps interest some of your readers.

I am, sir,

Your most obedient servant,

W. F. CHAMBERS.

Brook Street, Feb. 8.

A Case found amongst the Papers of an eminent Physician, deceased.

IN the autumn of the year 1790, Mrs. B., of Thatcham, in Berkshire, arrived at Bath to consult Dr. Fraser and Mr. Creaser, surgeon, on account of the following symptoms. Extreme emaciation; acute pain in the left side between the sixth and seventh ribs, dreadfully aggravated by the slightest motion or exertion, particularly if the exertion were suddenly made; troublesome cough, and copious expectoration of pus and blood.

The previous history of the case was as follows. In the month of March, 1788, Mrs. B., whilst at needlework, had placed a considerable number of pins in a row between the lips; a violent cough, to which she was subject, coming on at that moment, she found that several of the pins were expelled on the floor, but she was conscious that some had been swallowed or inhaled, during the deep inspiration made before she coughed.

One pin was found high up in the œsophagus, which after producing some distress there was extracted, and she remained free from any distinct complaint until the following February, 1789, although she had suffered during this period from the occasional recurrence of sharp but transitory pains in the left side of the epigastrium. In February, however, that is, eleven months from the accident, she began to suffer from acute and constant pain between the sixth and seventh ribs, and the other symptoms described above.

It was determined, in consultation, to insert a large seton exactly over the seat of pain in the side.

On the eighth day after the insertion of the seton a pin was observed at one of the orifices, and was removed; in the course of the next three weeks

eleven more were discharged singly, and at nearly equal intervals of time. With the expulsion of these foreign bodies, which were found for the most part bent variously, all the pains and other symptoms subsided.

She now remained well for two months; at the end of which time she began to suffer acute pains, deep seated in the left breast, aggravated as before by the slightest motion or exertion.

Two setons were now inserted on the inferior part of the breast; seven pins were singly discharged in a short time from these orifices, and she again recovered.

Four months after this, pain in making water, and ultimately total suppression; retention of urine took place, requiring the daily use of the catheter, and there was a copious mucous discharge from the bladder.

On the supposition that these symptoms arose from the irritation of a pin or of pins in contact with the muscular coat of the bladder, a large seton was introduced a little above the pubes. In a fortnight a single pin was extracted from the seton. The dysuria, however, subsided before the pin was discovered at the orifice.

The patient had no return of the symptoms after this time.

She lived three years longer, and then died of dropsy, as the manuscript states, "from adventitious causes."

MIDWIFERY CASES.

BY J. A. HINGESTON, ESQ.

I. Peritoneal Inflammation in Puerperal Women.

ABDOMINAL tenderness, incidental to puerperal women, is not always from diseased action. The muscular expulsive efforts, and the sudden relaxation of the peritoneal cavity, are sufficient to cause pain; but there are other more remote and obscure causes, which, acting on a part predisposed to become inflamed, produce effects either trivial or alarming, according to circumstances. If the abdomen be firmly pressed upon within twelve hours after confinement, the woman complains of a "soreness;" and if the uterus be pinched through the abdominal parietes, she flinches; yet, while the pulse is below 90 or 100, and the skin natural,

the medical attendant need be under no apprehension. But any adventitious stimulus, such as exposure to cold, imprudence in diet, or overloaded bowels, will very readily cause peritoneal inflammation. Malaria and idiosyncrasy are other causes which, either singly or in combination with one or other of those just stated, are said to give rise to that peculiar disease, the puerperal fever. Lately, in particular during the cold weather, I have been called to some women who have been labouring under a severe abdominal tenderness, removable without the aid of the lancet. This tenderness has hence received the name of *false* peritonitis, in contradistinction to that *true*, or acute form, so well known, and which demands the most active depleting remedies. Nevertheless, I am inclined to regard it as the same form of inflammation, only in an early stage; and, though it be distinguished by a moist skin, fuller pulse, and remissions of pain, it is because the new action has not yet become fully established. "Life cannot go on the same continually in any state; it must have its hours of rest and its hours of action." This holds good in health and in disease. As, however, the diseased action is advancing and becoming more fully established, its remissions become gradually less perceptible, and happen at less sensible intervals, till they are confounded, and at length altogether lost in the agony of suffering. Yet, in the acutest form, one moment is often more excruciating than another; and I fear that in these cases the settled, uniform, unexacerbated pain is, without very prompt assistance indeed, the forerunner of death.

Pain.—I mean not *tic douloureux*, tetanus, aura epileptica, nor any other like affections, which, as far as we yet know, are peculiarly nervous; but pain, in which the nerves are affected only so far as they participate in the common danger, does not always indicate the action of inflammation; though, undoubtedly, pain long continued is the prime symptom of *disturbed* vascular action. The principle of inflammation, or, as John Hunter expresses, "the impression which becomes the cause of inflammation," whatever that principle or that impression may be, is independent of the common symptoms, which are merely the visible signs of the new action. Most probably this principle is so intimately connected with the

principle of life, that we may not attempt to explain the one, unless first fully acquainted with the nature of the other. But if we endeavour to trace back inflammation as near to its source as may be, we shall find, I suspect, that pain *often*, I will not say *always*, precedes the *increased* vascular action: and this is very reasonable; for, surely, during the introduction or the commencement of an uncommon action there must be an uncommon sensation. Farther, too, I will venture to say that the vessels are at the first in a state somewhat *opposite* to *increased* action; as when, previous to the accession of fever, the skin, which is afterwards injected with blood, is cold and constricted: upon this subject John Hunter has remarked, that "every new action at first depresses." Now what holds good as to the body in general, may, by a collateral reasoning, be applied to a part: the same action, and the same mode of action, being necessary to produce the same effects, either on a point or over the whole plain of the same surface. The danger is according to the kind of mischief, as well as to the quantity which is progressively multiplying into itself.

The same high authority just quoted states, that "he could conceive a part to inflame or to be in a state of inflammation, though no blood were to pass:" (p. 282, 4to. edit.) and again, (p. 303,) that he has known pain to precede inflammation. His words here are too remarkable to be omitted:—"In those (diseases) arising spontaneously, it (*viz.* the distance of time between the impression which becomes the cause of inflammation and the action itself) must be uncertain; yet in some cases it can be pretty well ascertained, supposing *sensation the first effect of an inflammatory impression*; and, in such cases, (he adds,) *we often find it very rapid*. They shall be attacked with a violent pain in a part, so much so as hardly to be able to bear it, which shall be succeeded by a violent inflammation." He then illustrates this proposition by a case in point. We may note in passing, that the violence of pain depends upon a certain medium of action, which, if it accede with too much or with too little velocity, produces barely a sensation: peritoneal inflammation, therefore, must have a middle force. Some trite instances might be adduced in support of the above; but, perhaps, because

trite they would be rejected, with a smile. I have observed the heat and tingling to precede the blushing of the ear; and, as John Hunter has again observed, "the first action of the vessels is similar to a blush." Inflammation, when the increased vascularity is once established, most probably consists in an increased action of the capillary arteries, with a suppressed exhalation, and a diminished, or at least an insufficient, return of the blood through the veins.

This, therefore, I mean to state, that the pain, which has been quelled without bleeding, is peritoneal inflammation at its very onset, when the *action* of the vessels is *disturbed*, but not decidedly *increased*. I will ask this question, which I pretend not to answer, whether this be peculiar to the puerperal state, as well as to the poor of London? If it be *not*, then other similar inflammations may be cured by the same means.

CASES.

A female, of fair complexion, with a large eye, and a bluish conjunctiva, dark hair, and a brisk cutaneous circulation, æt. 33, was delivered of a dead child. The labour commenced, proceeded, and concluded naturally.

About a fortnight after her accouchement she one day complained of a distressing sensation of bearing-down. Her bowels were confined. *Ol. Ricini ʒvj. cum Træ. Opii mxxx.* The castor oil did not operate well.

In the evening she was labouring under severe abdominal tenderness, increased by the slightest pressure; the skin was hot, but moist; the pulse 130 full, but easily compressible; the tongue milky: these symptoms remitted. A brisk aperient afforded some alleviation.

The next morning these symptoms returned, but were subdued by a couple of doses (ten grains each) of Dover's powder. Once and again they manifested themselves, but were each time suppressed by the same powder and an aperient.

The pain in the abdomen was very severe; the patient could not extend her thighs, and flinched from the slightest pressure.

Shortly afterwards four cases happened at the same time. Each in middle-aged women of a pale complexion, bluish conjunctiva, lax fibre with loose

cellular tissue, and with habits apparently irritable. Each happened about four or six days after delivery. The pain was severe, but remitting in duration and severity; the tongue milky; the pulse rapid, but without that character so infallible of true peritonitis; skin in some cases moist, in others dry. Each of these yielded to ten grains of *P. Ipecac. c.* with grs. ij. *Cal.* repeated in three or four hours if necessary, and followed up the next morning by salts and senna.

One of these cases happened after premature labour complicated with flooding.

In another case the pain vanished under the above treatment; but, from imprudent exposure to cold, reappeared, and quickly degenerated into that of the acute form of this inflammation, marked by prostration, earthy countenance, obtuse eye, pallid surface, cold extremities, agonizing abdominal pain aggravated by the touch; by a pulse rapid, sharp, small, and buried; by nausea and a loaded tongue. Twelve ounces of blood being drawn away in a full stream while in the erect posture, the pain abated; but when, after waiting ten or fifteen minutes, it returned, the thumb was taken from the orifice, and eight ounces more allowed to flow; then she sunk into a swoon. The radial pulse was now nearly extinct, but it soon became broader and fuller.

Pulv. Ipecac. c. gr. x. Cal. gr. ij. statim.

Hirud. xij. abdom. Orifices bled largely into a linseed-meal poultice.

Mist. febrif. com. Cal. gr. ij. 6tâ quâq. horâ.

In the evening I found her very weak, and now and then seized with faintings.

Ol. Ricini, ʒss. donec alvus commode purgetur.

The gums were affected in twenty-four hours. Life was indeed reduced to a low ebb; but, by keeping the bowels active by castor oil, or when she became stronger, by salts and senna; by supplying her with mild but nutritious liquid food in small quantities every two hours; by encouraging, by means of flannels and warm bottles, the circulation and heat of the extremities; she was at the end of a week convalescent, and after the first fortnight well enough not to require close medical attention.

A sixth female, of the same form and appearance as in the case first detailed, æt. 25, was, after an easy labour, delivered of her fifth child.

On the morning of the third day she took a dose of salts and senna, which operated well. On the fourth day she got up, and imprudently exposed herself to a frosty air. In the evening I found her tossing to and fro, and exclaiming from pain, her countenance flushed, her skin hot and dry, her tongue milky, her pulse small and rapid; the bowels continued relaxed. By pressing on the abdomen she suffered a good deal of acute pain. Five grains of calomel with three grains of hyoscyam. were given. At the expiration of two hours the pain had increased, accompanied with mental distress and apprehension.

P. Ipecac. c. gr. x. in some water.

She shortly after vomited. In the course of another hour the pain vanished, and she fell asleep. The next morning there were present no indications of the last night's disturbance; a dose of salts and senna secured her well doing.

In each of the above instances the first thing I ordered was a large, yet light, linseed-meal poultice, sufficient to cover the whole belly.

These cases are not solitary. Others in practice have observed the same, and have treated them with equal success in the same manner. I have now before me a case, in every respect similar to the above, in which this treatment was as effectual as the accession of pain was sudden and acute.

These observations have been made among the poor of this metropolis; a class of people who, in some instances mentally debased, ignorantly seize on strong drinks and mix them with their wholesomest food, till they reduce their bodies to that state, which is ever predisposed to accept of any diseased action. The stimulus at last becomes indispensably necessary to sustain vitality; hence, if inflammation manifests itself in these poor creatures, it is suppressed with difficulty, and often proves fatal.

II.—*Hemorrhage from the Uterus when contracted—Apoplexy and Paralysis.*

A female, pale, fat, and of a lax fibre, æt. 30, delivered naturally of a healthy boy. But after the expulsion of the placenta, the uterus, although hard when felt through the abdominal parietes, had contracted in some manner not effectively. Blood continued to flow, and the vagina to be filled with clots for the

space of twenty minutes. The woman was sick, expressed much pain, but was not faint. The blood flowed away in sufficient quantity to trickle on to the floor, and to sop the napkin about the wrist. The sudden application of cold to the abdomen relieved the pain and sickness, and checked the discharge. The pulse during this hemorrhage was natural in frequency, somewhat contracted, and rather sharp.

Ten days after delivery, just as she had risen and dressed herself with her usual composure, she fell down in a fit. When I arrived about a quarter of an hour after, she was lying on her back prostrate, pale, cold, and semicomatose; the right arm, and apparently the whole of the right side, were paralysed; but though there was loss of volition, the loss of sensation was not entire; the cutaneous circulation was so languid, and the superficial veins so collapsed and obscure, that scarcely twelve ounces of blood could be procured from three veins; the pulse was indeterminate, slow, and as if deep-seated. The mouth during the day was occasionally, but rarely, drawn in a slight degree towards one side, and the tongue could be protruded tremulously and rather obliquely. Total loss of speech.

Hirudin. xij. temp. Lotio Spirit. Capit. Empl. Cantharid. nuchæ. Hydr. Subm. gr. ij. 2nâ quâq. horâ. Haust. purg. ℥iss. 4tâ quâq. horâ donec alv. commod. purg.

In the course of the day the bowels, at first sluggish, were effectually relieved; the urine was voluntarily voided, but the breasts secreted a diminished quantity of milk. In the evening she could mutter; still drowsy.

On the following day the same as the preceding night: her head therefore was shaved, sixteen ounces of blood taken from the arm, and the purging continued.

On the fourth day the catheter was required, and more than a pint of natural urine was drawn off. She voided her stools involuntarily, continued lethargic, spoke little and indistinctly, sometimes complained of a pain in the right foot.

Empl. Canth. vert. capit. C. C. ad ℥viij. temp. sinist. Catapl. Sinap. pedib. 5 grs. Carb. Amm. in some Inf. Sennæ c. 4tâ quâq. horâ. 2 grs. Cal. nocte.

At the expiration of ten days she was less drowsy, articulated distinctly and

readily; moved the right arm and leg occasionally, but not always voluntarily; and the surface was less pallid and warmer. But she complained (and this complaint she had always made) of a fixed pain over the left orbit: the axes of vision had once or twice lost their parallelism. The blister on the head was still open. She was again cupped on the left temple, and during the operation expressed a good deal of pain.

The urine was no longer retained, and the bowels were once more evacuated under the influence of the will. Mild aperients; light nourishment.

She improved but gradually during a fortnight from the last report, when she was removed by her relations.

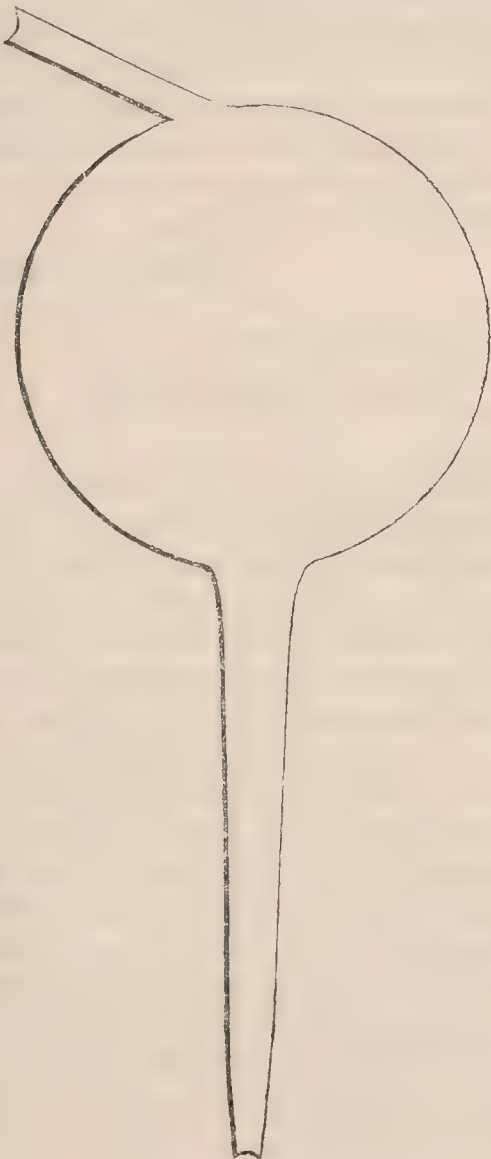
Finsbury Place, Jan, 13.

DISTILLATION OF WATER.

To the Editors of the London Medical Gazette.

Gentlemen,

MAY I beg your notice of a method of distillation hitherto, I believe, unpractised, though not unproposed. It consists of a tube three or four inches long, fitting over the teakettle spout, and



entering at the other end a globe of about twelve inches in circumference; from this another tube extends, which conveys the distilled liquor into a proper vessel to contain it. By keeping the globe cool by means of a wet cloth laid over it, a gallon of water may soon be obtained.

The construction of the condensing vessel being, I believe, original, I take the liberty to enclose a drawing, which if you consider worth your attention I shall feel honoured; and beg to subscribe myself

Your very obedient servant,

JOHN OGLE ELSE.

24, Edward Street, Portman Square.

N.B. The short tube should enter the ball near its top, the long one leave it at its most depending part.

[Mr. Southey, in his *Life of Nelson*, speaking of the expedition to the North Pole, under the Hon. Captain Phipps, in which Nelson when young went out as cockswain, says, "The ships were provided with a simple and excellent apparatus for distilling fresh from salt water, the invention of Dr. Irving, who accompanied the expedition. It consisted merely in fitting a tube to the ship's kettle, and applying a wet mop to the surface as the vapour was passing. By these means from thirty-four to forty gallons were produced every day."—Vol. i. p. 11.—E.]

DUBLIN COLLEGE OF PHYSICIANS.

To the Editor of the Medical Gazette.
Sir,

ONE of your correspondents, in the *Gazette* of 26th January, animadverts on the recent regulations of the College of Physicians in Ireland, which he considers to have a tendency to render the medical profession one admitting of easier access than hitherto.

This college, in imitation of that of London, formerly required the production of a medical degree as the only preliminary in order to obtain an examination for a license; the degree was supposed to infer study during three years, some portion of classical knowledge, and attendance upon the Lectures of what are commonly called the six professors, together with Clinical Lectures. By the new regulations, study during an *additional* year is requisite; it is necessary *also* that hospital practice during two years, and Lec-

tures on Surgery and Midwifery, together with dissections, should have been attended. To graduates in medicine, therefore, the facilities of obtaining a license are diminished, instead of being increased.

From a person not possessed of a medical degree proofs of a classical education, of attendance upon hospital practice during a third year, and upon a second course of dissections, are required, in *addition* to *all* the qualifications demanded of a graduate; probably in consequence of the latter having been in general engaged in practice before applying for a license.

If the College of Physicians had admitted only the degrees of Oxford, Cambridge, and Dublin, which are proofs of *general* education, it might appear objectionable to dispense with them, as thereby rendering the medical a less learned profession, but so long as the degrees are received which are *not* proofs of general education, as those of Edinburgh, &c., this objection cannot apply.

The degree, therefore, only infers *professional* education; in this the candidate for license is in every respect equal, and in many respects superior to the Scotch graduate. The only remaining difference is that the latter has been examined as to his capability of practising, and been approved of.

This is certainly a very important qualification in order to constitute a safe *practitioner*, but a very unnecessary one in a *candidate* about to be strictly examined upon the very same subject by a sworn court of censors.

The requiring such a preliminary examination as indispensable, would be an admission on the part of the College of Physicians that they considered their own to be an inadequate test.

It appears, therefore, that the College, by their late regulations, have not in any respect increased the facility of entering the profession; on the contrary, they require of candidates of every description a more extensive education than formerly, and in demanding what is essential, they very properly dispense with what is superfluous, the only distinction between the graduate and non-graduate licentiate.

It is said, however, that the latter cannot properly be *called* doctor. To this objection (if worth any consideration) it may be replied, that the name cannot be

withheld from a physician whose capability and right to practise as such is sanctioned by a testimonium under the common seal of a College, authorized by royal charter to grant the same to such practitioners as they might approve of. The Universities themselves have no better authority to grant a degree, and by no means so good a one to confer the title of doctor *honoris causâ*, in cases not provided for by either their charters or statutes.

If a practitioner should be called on to *produce* his diploma, the license and letters testimonial of the College of Physicians afford him a qualification of a higher order in Ireland (by act of parliament*) than any medical degree, nor does any enactment in the charter or elsewhere infer a dependence of the one upon the other, with a single exception. This occurs in the 40th Geo. III. In enumerating the qualifications requisite in a candidate for a professorship, it mentions medical degrees, or a license from the College of Physicians, in consequence of a testimonium under the seal of Trinity College, Dublin. This part is copied from a former act, (25th Geo. III.,) and refers to that part of the charter of the College of Physicians, by which medical graduates of Trinity College, Dublin, had formerly been admissible as licentiates of the College without examination. This privilege is repealed in a subsequent part of the same act of 40th Geo. III.

A LICENTiate.

LETTER FROM PARIS.

THE Hôpital des Enfants Malades, situated beyond the Boulevard du Mont Parnasse, is one of the most remarkable of the many public institutions which abound in the south-west end of Paris. Unlike many of the hospitals placed more in the heart of the city, and screened by the lofty buildings with which they are surrounded, this possesses at once, by its free situation, its disposition, and its structure, those advantages which the health of its young inmates so strongly demands. The entrance is by the Rue de Sévres: immediately on the right and left hand stands a line of buildings destined for the reception of girls and boys affected with

* 2d Geo. III.—7th, 8th, and 40th ditto—6th Geo. IV.

chronic diseases. The approach to the remaining and more considerable part of the hospital is by an avenue bordered with trees, on each side of which is a considerable space of cultivated garden ground; the path has a gentle ascent, and the distance from the street is about two hundred yards. This part of the building encloses a piece of ground of an oblong form, but is deficient at the upper part on the right hand, and thus affords a communication with some small buildings at a little distance, exclusively occupied by patients affected with the itch.

The body of the building is single, and on that account affords an easy access to light and air into the wards, and rain quickly passes off, the ground having a gentle slope. In this hospital, in common with others in Paris, the internal regulation of each ward is confided to a Sister of Charity, under whose direction are the nurses: the same neatness and order exist, and the same mode of warming the wards by heated stoves is employed.

This hospital is destined for the reception of children under 14 years. The number of beds it contains is nearly six hundred, but at the present time, on account of one of the wards being under repair, there are not as many patients. The mortality among those children affected with acute diseases, is reckoned to be one in three and a half, and March is found to be the most fatal month.

Independent of the division which nature has pointed out, a farther distinction of disease into acute and chronic is followed in this hospital: it has been already observed that the buildings on the right and left hand, on entering, were occupied by children affected with chronic diseases, the one on the right being for girls, and the left for boys: whereas the building at the extremity of the avenue is tenanted by girls and boys having acute diseases, and such as require surgical attendance.

The medical department is divided between M. Jadelot, first physician, under whose care are the boys affected with chronic diseases, and the girls with acute ones, his hour of visiting being between half-past nine and ten o'clock in the morning; M. Guersent, second physician, who attends to the girls with chronic diseases and the boys with acute ones, his visit commencing at half-past eight o'clock; and M. Baffos, surgeon,

who is at the hospital at seven o'clock every other morning: with the exception of Sunday, the physicians generally make their visits every day.

From having been physician at this hospital for nearly twenty years, and from observing the peculiar cast of features which disease stamps on the countenance of the little sufferer, M. Jadelot pretends to have arrived at so nice a point of diagnosis as to be able, by simply regarding the features, to tell the disease under which his patient is labouring: artists have been employed to portray these physiognomical symptoms of disease, and M. J. has long promised to publish a work on this subject, which is to be illustrated by engravings.

The diagnosis of M. Guersent is good, and his treatment of acute diseases active and efficient; leeches are in great use, and the number sometimes ordered for one patient is somewhat fearful; their good effect, however, is often allowed to pass by, and the patient suffered to sink from such a rigorous system of diet, as might almost, in some cases, be termed starvation.

Able and successful in his operations, particularly for the stone,* M. Baffos, although not a first-rate surgeon, is a respectable one: the frequent opportunity he offers his *internes* of performing surgical operations, together with other advantages, cause his service at this hospital to be highly instructive.

I shall enter more into particulars in my next letter.

There is an hospital here called St. Anthony's, which is not much known to the English students; it is situated at the eastern extremity of the city, and about the centre of the Faubourg St. Antoine. This hospital contains 246 beds, almost always occupied: M. Beauchère is the surgeon, M. Rapeler the first physician, and Lullie-Winslow the second. There are 56 beds in the surgical wards, and 190 in the medical, 108 for men, and 82 for women; about 3000 patients are admitted annually, and the deaths, upon the average, amount to one in ten.

The experience of M. Rapeler induces him to recommend the extract of belladonna, in preference to opium, in calming

* The success of M. Baffos may, in some measure, be accounted for by the fact of his operating on children, in whom the mortality is always less than in adults.—E.

the irritation of the cough in pulmonary consumption. He has tried the vapour of tar, as recommended by Crichton, pretty extensively, but without effect. In the colica cicutonum he employs alum, according to the recommendation of Plenck, as an antidote to that disease; he prefers the oil of the Euphorbia lathyris to that of the Croton tiglium, as it is indigenous, inodorous, and insipid, and purgative in the dose of a few drops. A Dr. Ganai is making a great impression in Paris, who is undertaking the cure of phthisis pulmonalis by means of chlorine: M. Ganai has obtained permission to employ this remedy at the Salpêtrière, and the female upon whom he is making the experiment is so much benefited as to inspire a hope that she may be perfectly cured.

MEDICAL GAZETTE.

Saturday, February 16, 1828.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

MEDICAL EDUCATION.

IN resuming the now almost exhausted topic of medical education, we do not intend to enter minutely into the many important questions which it involves. We have in a former paper expressed something like an opinion, that if medical education in England is not absolutely the best in the world, it is perhaps the best for us: in saying so, we are fully sensible that many improvements might be suggested, but then those improvements and alterations must all be made in the spirit of the English system, (if we may so term it,) and according to the feelings and principles still cherished in this country. We never can expect the whole scheme of education to be overturned, and a new mode of proceeding established, without the occurrence of a shock that would be felt generally throughout all the orders of society; a consummation which, notwithstanding the blemishes that are to be found in

all old establishments, we still think devoutly to be deprecated.

The chief faults in the present system of medical education among us appear to be, 1st, a defective and superficial study of anatomy; 2dly, a want of Clinical instruction; 3dly, a generally hurried mode of getting through the various tasks preparatory to the ordeal of the examinations; and lastly, what lies still deeper, the very imperfect and superficial preliminary education which the medical aspirant too generally has received, there being no test required as to classical or general attainments prior to the youth's becoming an apprentice, or to his being entered as a student. This grievance loudly demands redress; it is from this cause that every man who, in the inferior walks of life, can muster a few pounds as an apprentice fee, flatters himself with the prospect of making his son a gentleman, never dreaming that a knowledge of classical and general literature, together with some acquaintance with the more exact sciences, are absolutely necessary to enable the candidate for medical fame to rise above the mere village drudge; and even this high honour, the present rapidly extending education of the population generally, will very soon render it difficult for him to attain or to keep. In France this defect is provided against by compelling all those who study for the doctorate, either in medicine or surgery, to undergo a previous examination on all the above subjects; and this is one of the hints, therefore, which we think might be advantageously borrowed from our neighbours.

The defective study of anatomy admits of a very easy explanation, if not of an excuse; for the mere hearing of anatomical lectures will never make a good practical anatomist, nor an accurate surgeon: the student who so learns this branch of his profession may indeed know the names of all the various parts of the human body most exactly, but he will be as an infant compared to the man who has himself traced all the vessels in the dead body, who has

minutely examined the different parts, and made himself familiar with their relative situations. Now the difficulties that present themselves in this country in obtaining bodies for the purpose of dissection, are the principal causes of this evil. They operate in two ways. By increasing the expense, dissection is actually put beyond the reach of many industrious students, whilst to those who are idle and careless, and who merely want to carry description in their memories, the temptation on this account to omit an expensive, and to many, a disgusting process, or to obtain the smallest possible quantity of dissection required by the regulations of the College of Surgeons, or of the Apothecaries' Company, is irresistible.

But there is one branch of anatomy with which students might be more familiarly acquainted, we mean that which relates to morbid structure. The opportunities of tracing diseased appearances in our large hospitals are very considerable; and if they are not properly made use of, this is partly to be attributed to the regulations at some of those institutions; but we fear the fault is chiefly attributable to the medical officers themselves. And here our system operates in some measure to the disadvantage of the student; because the physicians and surgeons attached to hospitals depend in a great measure upon their private practice; they are not salaried professors, and therefore their time cannot be so fully given to their public duties. In some of our hospitals, the examination of the dead body, we are aware, is conducted in the most efficient manner; but in others it is not done at all, or done very imperfectly.

The want of Clinical instruction partly proceeds from the same cause, *viz.* the difficulty the teachers have in affording the time required for it; but this want has already begun to attract attention, and we have no doubt that Clinical Lectures will soon become universal at our public institutions. By making the students each in their turn keep a register of the cases, and by ren-

dering them responsible for the accuracy of their reports and descriptions, each would receive the full benefit of his hospital attendance, and a spirit of emulation would be excited that could not fail to produce the happiest results. Whoever is familiar with the present mode of *walking* an hospital, a term, we suspect, first invented by some wicked wit, will not fail to appreciate such an improvement; at present it requires, at some of our large hospitals, no small degree of physical force to jostle through the crowd of pupils in order to catch a word, or perhaps a sentence, dropped from the mouth of the attendant physician or surgeon; so that the modest or timid youth must after all go to the patient's bedside by himself, and rely upon his own talent for observation to obtain the necessary information.

Of the hurried manner in which all the branches of medical education are carried on, much might be said; it has, however, attracted the attention of one of the public bodies, the one, indeed, most interested in the inquiry, because the great majority of the practitioners in England and Wales must necessarily be guided by their regulations. Though much has been done, much still remains to do, for we cannot persuade ourselves that any man, let his abilities and opportunities be what they may, can become fit to practise his profession with honour to himself and advantage to the public, who has only seen disease at the bedside during a period of six months. We believe and hope that few young men are so circumstanced; but it is evident that this small portion of time bestowed upon the acquisition of practical knowledge will suffice the candidate according to the present regulations of the Apothecaries.

With regard to the regulations of the College of Surgeons, indeed, one of the most striking indications of their imperfection has been, that the students have spontaneously gone before them in improvement; for we believe that very few have presented themselves for

examination at Lincoln's Inn Fields, who could not have produced many more than the necessary certificates; a remarkable proof that public opinion has anticipated the propriety of a more complete education.

When we look to the magnificent Museum, and see how it has not merely been kept up, but greatly enlarged and rendered far more valuable since the death of Mr. Hunter, and when we consider, that now the library also is open to the public, we cannot join in the exterminating cry which has been raised against the College. But we are far from wishing to uphold what is wrong, in consideration of what is right, and we fear the regulations which they have at different times made for the guidance of those who intend to take their diploma, have not always been the most judicious. On the subject of the new code just issued by the Council, and which will be found in another part of the present Number, we certainly cannot compliment that body. We shall not enter at large upon the question, as it would be foreign to the business of the present paper, but there are two points which we cannot refrain from noticing; they relate to attendance in surgical practice and surgical lectures. Attendance upon the surgical practice of a provincial hospital is to be recognised, provided it contain one hundred beds. This at first sounds well; but when we come to inquire into the meaning of being *recognised*, we confess that the matter assumes a very different aspect; for we find that attendance at any of the great provincial hospitals in England during *four years*, is only recognised as equivalent to *six months'* attendance in London, Dublin, Edinburgh, Glasgow, or Aberdeen. Now the infirmary of this last place contains about one hundred beds, whereas many of the county hospitals in England contain two hundred. So that, according to this calculation, attendance on the infirmary of Aberdeen is eight times better than attendance upon an hospital in England for a like period, supposing the number of patients

in both to be equal; or, supposing the relative proportions to be, what is nearer the truth, as one to two, then it follows, that, in the estimation of the Council of the College of Surgeons, there is as much information to be derived from seeing *one* patient at Aberdeen, as from seeing *sixteen* at Newcastle, Leeds, Nottingham, Bristol, or any other great hospital in England. We really think that this looks more like offering an insult to the provincial surgeons than conferring a benefit upon them.

Another part of the regulations to which we would call attention is of a different nature, but not less extraordinary; it relates to the attendance on surgical lectures. Two courses are now required instead of one: two courses on the practice of physic are likewise required, provided each does not exceed three months; but of these lectures one course of six months is received as equivalent to two of half that duration. Why is not the same provision made with regard to the *surgical* lectures? There are at least two (we believe three) of the most eminent lecturers on surgery in London, who have thought one extended course more beneficial to the student, than two of the usual duration, and who have, with much labour to themselves and advantage to their pupils adopted this method of teaching. Can it be possible that the Council do not mean to receive attendance on these as equal to two of the shorter courses? There are circumstances connected with this regulation which give rather an awkward appearance; and for the present we shall only say, that if it be not very speedily repealed, we shall press the question in a stronger and more pointed manner.* But to return.

It will be seen in the few imperfect observations we have made, that our attention has been principally directed to the general practitioners, that most important class of men to whom the

* A report having lately prevailed that the fee for the diploma of the Royal College of Surgeons was about to be raised, we have made inquiry, and find that this report is wholly without foundation.

care of the health of the great mass of people in these kingdoms is intrusted, and whose advancement in education has of late been very rapid. The impulse of improvement appears to have originated where it might least have been expected; and we hope that the example of the Apothecaries will be followed by those who are placed at the head of the other departments of our profession. Let them at once summon fortitude to rid themselves of all those antiquated prejudices, and venerable absurdities, which time or carelessness has engendered and hitherto sanctioned, but which impede the advancement of science, and which the improved state of general education render it impossible much longer to uphold.

MR. LEWIS OF BATH, AND EXCISION OF THE CERVIX UTERI.

IN our last Number but one we appealed to Mr. Lewis of Bath for the *sequel* of a case of excision of the cervix uteri, the *beginning* of which he published last September. The operation was recommended not above a month ago on the strength of this very case, which, we were told by the friends of the patient, had been published in the *Lancet* by a Mr. Lewis of Bath, "who was particularly clever at cutting out the uterus." We therefore naturally turned to the author for the fulfilment of his promise, which we were desirous of, not as editors of a journal, but as practical surgeons; and this we did with as much civility as if he had been one of the most eminent men in Bath, instead of (as we understand he is) a third or fourth rate general practitioner; but our appeal has produced from him, in the *Lancet*, a tremendous explosion of abuse.

To show himself conversant with the business of authorship he apostrophizes the printer's devil, and the allusion affords a good specimen of his grammatical knowledge: "even *he*," says Mr. Lewis, "I detected but a few moments since," &c. He calls the paper

of our Paris correspondent "shallow and superficial;" supposes we are inviting him (Mr. Lewis!) to assist us, because we are in great want of contributors, (a very natural inference from such a supposition,) and that he has said enough to show that timidity is not a part of his character—but still not a word of the sequel of the case. From this silence, coupled with such touchiness, we begin to suspect that his patient is not going on well, that the disease is returning, and that she is going the way of all flesh. If this should turn out to be the case, who will be the shallow fellow, our Paris correspondent, or Mr. Lewis of Bath, the gentleman who is so "clever at cutting out the uterus?" We advise Mr. Lewis to publish the termination of the case without delay. He had better tell his own story himself; he may shade the picture in a way agreeable to his feelings, according to the ordinary practice of the "invaluable journal." For our parts we shall tell the plain ungarbled truth; and should there be any false colouring, we shall be able to detect "*even he*."

ANALYSES AND NOTICES OF BOOKS.

"L'Auteur se tue à alonger ce que le lecteur se tue à abréger."—D'ALEMBERT.

Malaria, an Essay on the Production and Propagation of this Poison, and on the Nature and Localities of the Places by which it is produced, with an Enumeration of the Diseases caused by it, and of the Means of diminishing or preventing them, &c. &c. By JOHN MACCULLOCH, M.D. F.R.S. London, 1827. 8vo. pp. 480.

MALARIA has lately attracted so much attention, that we propose to lay before our readers the substance of Dr. Macculloch's recent work on that subject, as we suppose it impossible for any one to have sounded the alarm more loudly, or more zealously, to put us on our guard against this terrible bugbear. He believes that it produces "one half of the entire mortality of the human race:" its head-quarters are Holland, Italy, Sicily, Greece, &c., and the tropical regions, which abound in decaying

vegetable substances. In England we are free from much of the devastation produced by this "true pestilence," but not half so much so as we had flattered ourselves; for nine-tenths of our common fevers, (not merely agues,) a large proportion of our chronic disorders, a whole host of nervous diseases, and what is generally called "ill health," are owing to malaria. It is true we do not suspect it, but the inhabitants of Walcheren even repel with indignation the idea of their island being unhealthy. Dr. Macculloch's mode of reasoning is this:—If certain descriptions of soil in general produce malaria, the conclusion must not be shaken by occasional exceptions: and again, as certain soils, at certain seasons, (spring, for instance,) produce ague, and the same soils, at other seasons, (as summer and autumn,) produce dysentery, remittent and other fevers not being contagious, it follows, that the existence of these latter diseases *alone* is as much a proof of malaria, as if ague were also prevalent. This is acknowledged daily on the continent.

In this country there are often situations, not near what are commonly called marshes, where illness is always prevalent, and where "the apothecary is never out of the house," and yet other parts in the immediate neighbourhood are healthy; and families are affected or not, as they migrate or stay where they are. This unhealthiness is attributed to heat, cold, damp, lowness, clayiness, &c.; but, in fact, it arises from the malaria of the soil, though that soil be not an absolute marsh.

Dr. Macculloch believes that the prevailing ailments of the inhabitants of the soils producing malaria, are dysentery, (often called diarrhoea at the time,) cholera, headaches, periodical or irregular rheumatism of the face and head, toothache, sciatica, tic-douloureux, or other varieties of neuralgia, bilious affections, as they are called, and all the nervous ailments attributed, according to the fashion of the day, to the nerves, spleen, stomach, liver, and now to the *chylopoietic viscera*. The sallow complexion, irritable tempers, and languor of the inhabitants of such districts, denote fixed derangements of the larger glandular viscera, as the liver and spleen. All these circumstances, it must be observed, are the well-known produce of the places that notoriously generate malaria in this and the

more tropical countries; and, therefore, wherever we find them prevalent, we are to conclude with the author, that malaria abounds, however hitherto unsuspected.

Besides, in situations where the above diseases are frequent, real ague often occurs; and as this incontestably arises from malaria, there will be less difficulty in allowing that places, not absolutely marshes, may and do produce malaria. This once granted, as it is well known also that real marshes do not constantly produce ague, neither the presence of ague nor of marshes is made necessary to the existence of malaria.

Another argument is derived from human susceptibility. There are many places where persons in health would still continue so; but if a constitution rendered susceptible by former attacks of fever or ague were to visit such a place, disease would be speedily re-excited. Having premised these circumstances as proving malaria to exist, Dr. Macculloch applies them to the following situations:—marshes in general; salt marshes, though usually esteemed innocuous, but which decidedly produce malaria in hot summers in this country, and in hot climates, even when daily washed by the tide of the sea. Woody spots also produce malaria, as is well known in the jungles of India. It is unquestionable in our own country, that in Wales, Hampshire, Sussex, and Kent, where intermittent and remittent fevers are common, it would be nearly impossible to find out a cause for them, except in the woods, which are abundant there. It is curious, however, that woods are often rather a safeguard, by forming a boundary to the spreading of the malaria, as has been proved in Pennsylvania, and in the district of Bresse, in France. The cultivation of rice, attended with alternate inundation and draining, has been long a notorious source of malaria in Lombardy, Greece, Sicily, &c. Hence, in certain parts of Russia, particularly near Oczacon, it is prohibited, and was intended to be so in parts of Italy and France by Napoleon. The rice grounds assist very considerably to account for the very extensive mortality in the peninsula of India. In the year 1762, 30,000 natives and 800 Europeans perished by disease in Bengal alone. Hepatitis, so common in those countries, is owing in the author's opinion to malaria. These

sources of malaria, however, are universally allowed. We now come to those not usually recognised as such. And, first, as to marshes: it is a dangerous mistake to suppose that a large extent of marsh is necessary for the production of malaria: the poison of a large marsh diluted by passing over a space of several miles of atmosphere is still as virulent as at its origin; and so also is an exceedingly minute portion of swampy ground, capable of giving rise to a certain proportion of malaria, as virulent as an equal quantity generated from the most extensive marshes. "We are not to expect," says the author, "that a pool of a few yards square is to cause fevers through a whole country; but if it can affect its immediate neighbours, or excite but one fever in the course of years, the fact is as fully proved as it is of the Pontine marshes."

In respect to the kind of soil which constitutes a marsh, there are also various points to be attended to. It seems probable that the decomposition of different dead vegetables may produce different sorts of malaria, giving origin to diseases of peculiar natures, differing from each other. Some French writers have even made out a "Flora" of their marshes, with a view to this theory; and there is no doubt but that some vegetables do produce remarkably fetid and poisonous gases whilst decomposing—as the capsicum, flax, hemp, coffee, and indigo. Real marshes are those places where there is an alternate mixture of water and earth, at one time partially or totally inundated, at other times dry. But this alone is nothing; as, without the presence of vegetable matter in a particular state, no malaria will be produced. Peat mosses rarely or never produce malaria, because there seems to be a certain lowness of temperature required for the formation of perfect peat, which is too low for the production of malaria: in those warmer climates where peat exists, and where malaria also exists; the peat is not so perfectly formed. It will be easy to see then, that the mere presence of vegetable matter in a particular condition, and of water and earth with a particular temperature, may exist and produce malaria, where there is no marsh in the popular sense. The botanist will recognise these spots by the growth of an iris, an equisetum, or any other aquatic plant; and the practical farmer by the

tufts of rushes, and the rankness of the pasturage, which indicate to him that drainage is required. These swampy places are often on commons, by road sides, on hills, &c. and do not produce disease extensively enough to attract notice, only doing so when individuals take up their abodes in the immediate vicinity. Many tracts of meadow ground, either intersected by drains and ditches, or not, and not coming under the definition of marshes, are still frequent sources of malaria; especially where they have been inundated during winter, and become dry by heat of summer. Such is the case also with many alluvial tracts at the entrance and exits of lakes, and at the borders of great rivers, and in vallies which open to the sea. It is unquestionable that this is the case in many parts of Spain, France, Italy, America, &c.; and therefore no doubt it is the same in this country: indeed it is notoriously the case on the banks of the Thames, in parts of Essex, Kent, Isle of Thanet, Huntingdonshire, Lancashire, &c. &c., though now certainly not marshes. This does not seem to arise from the ditches cut for drainage; as, wherever grain is cultivated instead of grass, malaria ceases; the ditches still remaining, the process of ploughing alone seems to alter the nature of the soil. All meadow grass land, in fact, being retentive of moisture, is more likely to generate malaria than other land, whether on uplands and hill or in vallies.

It is a vulgar error, that running streams are exempt from malaria; for, except perhaps the mountain torrents, all streams are capable of generating it, under the circumstances of vegetable decomposition and a certain temperature, though perhaps those are most capable which are subject to tides, or to alternations of increase and decrease from floods. What are called mangrove rivers in tropical climates are especially pestiferous. Moats, canals, ditches, drains, even those of cities and houses, are frequent sources of malaria. The great prevalence of fevers in such situations, as in garrisons, fortifications, the Penitentiary in our own days, &c., is well known; and yet medical men have constantly fallen into the dangerous error of calling them typhus, and have attributed them to confinement, bad or insufficient food, and in short to any fancied cause rather than the true one. The last class of situations requiring notice

includes all still or stagnant waters, from the largest lake to the smallest pond, comprising an immense mass of localities hitherto not suspected. Not only stagnant waters with fetid gas and weedy surfaces, but clear, well-kept, ornamental pieces of water are pernicious, wherever the other circumstances of vegetation and temperature are present. Mill dams, fish-ponds, old gravel-pits, &c., are proved frequently to be the source of fevers, neuralgia, and visceral enlargements, by several well-known instances, as occurring at Lewisham, Walton, Chertsey, Woolwich, &c., and which diseases in some cases were banished by removal of the causes. The author strongly suspects the canal in St. James's Park, and the pond in the centre of St. James's-square, however, it may seem bold and heretical to think such an Italian exotic as malaria can exist in the centre of the English capital. He attacks very vehemently the vanity and luxury which have converted many fair and healthy portions of our country into a Batavia, by the formation of fictitious rivers and would-be lakes for purposes of ornament. Many places near London are inhabited on account of their supposed healthy, gravelly soil; whereas, in these identical gravel-pits, water collects, and malaria is generated. There is one of the sources of malaria not very easily accounted for by our present theories of the causes. It is well known in other countries, and has occasionally been noticed in our own, that fevers of great severity are often produced by the breaking up of pasture lands for the first time into cultivation, and also by laying bare spots of ground previously covered by trees. It is the case also with lands previously wet and drained for the first time; fevers being but rare before, and afterwards being excited in a very aggravated degree. It is probable that the alterations brought about in the state of the soil have been the efficient means of putting vegetation in that peculiar condition necessary for the production of malaria. There is another proof, if any were wanting, that places before pestilential to a great degree, as recorded in accounts both medical and political at the time, having been drained for agricultural purposes, or for cleanliness, have been deprived of their unhealthiness. This has been the case in many places in France and in our own country. In

London, between 1667 and 1692, two thousand persons died of dysentery; and in Sydenham's time ague was frequently fatal. Many dry spots, as the Maremma of Tuscany, and others, are pestilential, without any of the malaria traces existing; but then they may be influenced by the malaria of distant parts, conveyed by the winds. One circumstance, however, the doctor cannot explain; and that is, why Singapore, a collection of jungles, sea swamps, woods, &c., and under a tropical sun, is decidedly not subject to diseases arising from malaria, according to the testimony of all who have described it. It is the case now and then that an accidental generation of malaria may happen, from causes not peculiar to the soil of the place, but arising from accidental circumstances: *viz.* from the putrefaction of various vegetable matters; from the process of soaking hemp or flax; from heaps of the refuse of indigo manufactories; and even from common garden dunghills, as well as those heaps near cottages; from bilge water in ships, and particularly when mixed with the leakage of sugar. Dr. Macculloch even imagines that foul water in wooden tanks and water casks may be a cause; and he takes occasion to insist upon the propriety of the greatest attention to constant washing out the holds of ships, &c., as calculated to do away with nearly every cause of disease in seamen. Mud banks, dry harbours, seaweed exposed on the sea-shores, or used to manure land; all these are occasionally sources of malaria.

(To be continued.)

HOSPITAL REPORTS.

MIDDLESEX HOSPITAL.

Case of Phthisis Pulmonalis, in which the Ileum was perforated by Ulceration.

JOHN SPEECHLY, a hackney coachman, forty-five years old, was admitted on the 1st of January, under the care of Dr. Watson. He had then well-marked hectic fever, and complained of debility, emaciation, severe and frequent cough, expectoration of a puriform matter sometimes mixed with blood, occasional night-sweats, and diarrhœa.

He stated that he had been ailing since the early part of the previous summer, when he began to cough, had some pain in the chest, and frequent attacks of chilliness, which were followed by flushes of heat; but he did not spit blood, nor expectorate much, till two months ago, from which period he dated his present symptoms, which had been gradually getting worse up to the time of his admission.

There was some tenderness of the surface of the chest, so that percussion could not be fairly employed: the sound produced by some imperfect trials of it was duller than usual, but tolerably uniform over the whole of the thorax. The murmur of respiration was faintly audible in almost every part of the lungs, and it was very distinct when the ear was applied between the shoulders. An interrupted creaking noise was heard in front, immediately below the right clavicle, during each expiration.

The diarrhoea and cough were moderated by the use of astringents and opiates; but the emaciation continued to increase, and the strength of the patient to diminish in proportion. On the evening of Saturday, the 2d of February, he complained of sudden and severe pain in the bowels, which subsided after the exhibition of an opiate draught, and the application of warm flannels to the abdomen. The next day he complained much of weakness, but had no pain; and he gradually sunk, and died early on the morning of the 4th.

The usual appearances of tubercular phthisis were found in the lungs, which, however, it is not our object to detail.

There were several white wrinkled spots on the outside of the heart, slightly elevated above its general surface, and having their edges distinctly and abruptly defined. One of these was carefully peeled off; it came away entire, and appeared to be a portion of lymph that had been deposited upon the serous surface of the pericardium, which seemed to be unbroken and sound beneath it. In one part a band of lymph, a quarter of an inch in breadth, and nearly an inch long, connected the bag of the pericardium with the heart, and was continuous with the central part of one of the white patches, which it exactly resembled in colour and consistence. This circumstance is strongly corroborative of the opinion, sometimes disputed or doubted, that these white

appearances, which are common upon the surface of the heart, are in reality the result of preceding inflammation. The lining membrane of the aorta was healthy.

A considerable quantity of a clear greenish coloured fluid, and some shreds of lymph, were found in the cavity of the abdomen; and farther examination discovered that a communication between that cavity and the interior of the small intestines had been formed by an ulcer which had penetrated the peritoneum from within. The ulcer was situated high in the ileum. No traces were observed of any matter which might have escaped from the gut into the bag of the peritoneum. The external surface of the intestines was of a dull red colour: there was no adhesion or deposition of lymph between or upon them. Still higher up in the intestine, and where the valvulae conniventes were numerous and prominent, another ulcer had nearly perforated the serous membrane: internally this ulcer was as large as a sixpence, had a circular form, with thick, ragged, vertical edges: the mucous and muscular coats were completely eroded, and the thin peritoneal membrane which remained was, on both sides, of a deep livid red colour. There were several other ulcers of less depth and extent, but their number and situation were not accurately ascertained. The matters contained in the small intestines were solid, small in quantity, and of a light yellow colour. The lacteals were in some parts full of chyle.

The case, of which the above is an outline, is chiefly remarkable as affording an instance of a perforating ulcer of the intestine occurring in connection with tubercular phthisis. It is well known that in the acuter form of inflammation with which the mucous glands of the intestines, and especially the glandulae agminatae, are so commonly affected in continued fever, this fatal consequence of their disorganization is not very rare: but in the more chronic and indolent ulceration of the villous membrane or of its glands, which takes place in most cases of phthisis pulmonalis, a communication between the mucous and serous surfaces is seldom known to occur. Ordinarily, when such chronic ulceration penetrates to the peritoneum, it either excites such inflammation of that membrane, as proves fatal before any breach in the

continuity of the inflamed surface has been produced, (and this indeed appears to be not unfrequently the immediate cause of death in consumptive patients,) or, coagulable lymph being thrown out, the omentum, and the different convolutions of the intestines, are glued and matted together; and thus actual perforation, or, at least, any effusion of the contents of the alimentary canal into the cavity of the abdomen, is prevented by the adhesion of some of these surfaces to that part of the peritoneum in which the inflammation commenced, or has been most intense.

More rarely, a different process of reparation or prevention is observed to take place. A few blood-vessels are seen proceeding from the mesentery towards those parts of the exterior of the gut which correspond to the internal ulcers, and terminating, upon reaching them, by dividing into several smaller branches, at or about the extremities of which clusters of small, whitish, granular masses of lymph are deposited, projecting the peritoneum immediately beneath which they are situated, and fortifying it against the threatened perforation.

The short duration of the pain which marked the period at which the peritoneum gave way, and the comparatively low degree of inflammation excited, are also worthy of notice, as being exceptions to what is most commonly observed in cases of perforation of the stomach or intestines. In general, acute pain is suddenly experienced in some part of the belly—pain which does not yield to remedies, which soon extends over the whole abdomen, and which is exasperated by pressure. When, as in the present case, the pain sooner or later remits or ceases altogether, there is a deceitful promise that the disease and the danger have abated: but, more or less nausea and vomiting, great depression of the vital powers, and a marked and peculiar alteration of the features of the countenance, which latter circumstances remain though the pain may have ceased, are, in general, sufficiently indicative of the nature of the malady, and forbid all hope as to its issue.

GUY'S HOSPITAL.

Bronchial Affection from the Pressure of an Aneurismal Tumor.

MARY ANN SUTHERS, ætat. 42, was admitted into Guy's Hospital last Octo-

ber. She had complained for a twelve-month of a sense of weight under the sternum, with symptoms of bronchitis. When she became the patient of Dr. C., her complaint seemed principally confined to the larynx and upper part of the trachea. She was hoarse, felt soreness in these parts, and expectorated a small quantity of viscid mucus. Three days after she was seized with dyspnœa, amounting to sense of suffocation, and in fact was considered to be dying. Some volatile alkali was given, leeches and a blister were applied, and she rallied: tracheotomy was proposed, but Dr. C. did not think it warranted by the symptoms. There was little change for about five weeks, when she was again attacked with constant mucous rattling in the throat, like a person *in articulo mortis*, but the larynx and upper portion of trachea did not seem particularly affected, as in the previous attacks. She appeared quite exhausted, and incapable of expectorating. She again rallied under the exhibition of some wine, the Decoc. Senegæ and Æther. She afterwards went on with various fluctuations about three weeks, when a similar state of respiration occurred, and she died in about thirty-six hours from the attack.

During her continuance in the hospital she frequently complained of pain in the chest, which was relieved by V. S., cupping, and leeches; small doses of calomel, tartar emetic, and opium at one time, produced the most beneficial effect, and procured the longest mitigation of her symptoms.

Inspectio Cadaveris.—There was a small aneurism of the aorta, where the left carotid and subclavian arteries arise, pressing on the trachea, and narrowing its calibre, with incipient absorption of the cartilaginous rings. Both lungs were in their lower and middle portions hepatized. No other disease was observed.

It had been stated by Dr. Cholmeley as his opinion, that a tumor was pressing upon the trachea, and that the lungs, though not ulcerated, were diseased. The expectoration was almost uniformly ropy and frothy mucus.

The late Dr. Curry had a case which was taken for obstinate bronchitis, and which resisted all remedial means. The man spontaneously left the hospital, and after a short time, upon returning to obtain some medicine, he fainted away in the front square, and died whilst being carried

into the surgery. On inspection of the body an aneurism was found, which had pressed upon the bifurcation of bronchia, and which had produced sudden death by bursting. The cause of the bronchitis had not been ascertained during life.

ST. BARTHOLOMEW'S HOSPITAL.

Tumor in the Groin.

ABOUT a month ago J. J. was admitted under Mr. Lawrence for a small tumor in the left groin, which had somewhat the character of an aneurism of the inguinal artery, and though the symptoms were very obscure, it might easily have been mistaken for such an affection by an unpractised surgeon. The patient was about 45 years old, and by occupation a postman, which necessarily required from him a great deal of exercise; about a month or six weeks previously to his admission he felt a stiffness and soreness in his groin, speedily followed by a swelling, which slowly increased to its present size, but unaccompanied by pain. The tumor, at the time of his entering the hospital, was about as large as a pigeon's egg, hard and incompressible, placed rather above than below Poupart's ligament; it pulsated very strongly under the hand, indeed the beating was visible to the eye; it was not tender, nor was the skin at all inflamed, and the pulsation of the femoral and posterior tibial arteries was perfectly natural.

Of course no operation could be performed until its true character became more certain, and the man was desired to keep quiet, to be purged, and to apply a poultice. He has also been twice bled. Nothing more of any consequence has been done, and at the present moment it would be almost difficult to say where the swelling had been. We merely give this case to show how easily a little want of discrimination might expose a patient to a serious and hazardous operation.

Strangulated Hernia.

On Saturday week a man, of about 40, was brought to the hospital with a strangulated inguinal hernia on the right side. He had had for several years a rupture, which had been always reducible till last Monday, when he began to feel pain in the part, followed soon after by vomiting and complete confine-

ment of the bowels, which had not been open for four days previously. A medical man gave him some purges, put nine leeches upon his abdomen, and attempted, without success, to reduce the intestine; but the man, at last, thought it better to come to the hospital, finding no benefit from this treatment, although the symptoms did not become very urgent. On his arrival he was put into a warm bath, when Mr. Vincent again attempted the taxis without effect. As the gut had been so long strangulated it was thought better not to continue the taxis, but to resort immediately to the operation: the patient, however, except as far as the hernia was concerned, seemed but little affected; his pulse was good, and there was no great tenderness of the abdomen. The operation was very neatly performed by Mr. Vincent; a quantity of brownish fluid spouted out, upon cutting into the hernial sac, but the intestine appeared quite healthy, being scarcely at all discoloured. The stricture was found to be at the inner ring, indeed the gut did not even come so far as the external ring; but it appeared to have come down lower formerly, as the sac was much larger than the contents. The patient took a dose of opium, and an enema was administered; for Mr. Vincent does not approve of purges being given immediately, as he thinks they may irritate the bowels, already too much predisposed to inflammation. The man has, since that time, gone on remarkably well, and is now fast recovering.

ST. GEORGE'S HOSPITAL.

Compound Fracture of the Thigh, followed by Mortification of the Limb.

THIS case occurred at the hospital during the last week, and excited a great deal of interest. For the notes of it we are principally indebted to the senior house-surgeon, as we were prevented from seeing the patient regularly. The dissection we witnessed ourselves.

John Hughes, æt. 27, a stout muscular man, was admitted at half-past 9 P. M., Jan. 26, under the care of Mr. Rose, with compound fracture of the left thigh. The accident, which had happened half an hour previously, was occasioned by a large woolsack falling upon his shoulders from a waggon, and forcing him to the ground, with the leg bent under him. On examination, there

was found a transverse fracture of the femur about two inches above the joint, and a line of fracture extending from this down through the inner condyle, where a projection of bone was felt beneath integument. The wound was an inch and a half in breadth, in the situation of the transverse fracture, and *not* extending down to the joint. On the outside of the patella there was another small wound, but it did not appear to communicate with the broken bone. At the time of the accident there had been considerable hemorrhage, and the disposition to bleed still continued. Countenance pale and depressed; pulse 80, and feeble.

The directions were: limb to be placed on the double inclined plane; light compress and dressing to the wound; knee to be kept cool with lotion, and the occasional application of ice; anodyne draught.

Jan. 27th.—Has passed a restless night, and the bowels have not been opened; tongue dry; pulse 90, and fuller.

V. S. ad $\frac{3}{4}$ vij.

In the afternoon there was pain in the knee and leg, whilst considerable swelling had taken place about the lower part of the thigh, from extravasation of blood. The pulse had got up to 100, and he was very thirsty.

Ten P. M. The symptoms of reaction are more marked. The pulse is at 110; the integuments of the thigh and knee hot and tense; dry tongue; thirst; costiveness.

Haust. Sennæ 3tiis horis, donec alv. respond.
Cont. Lot. &c. V. S. ad $\frac{3}{4}$ vij.

28th.—The bowels have been freely opened, and he has passed a better night; tongue moist; heat and tension about the knee continue. Towards evening the pulse became quicker, there was more pain, and at 10 P. M. he was found to be exceedingly restless, and even delirious. The tongue was dry; the countenance pale; and on pressing about the thigh something like an emphysematous crackling was felt.

Liq. Opii sedat. \mathfrak{m} xxx. Spt. æth. comp. \mathfrak{m} xxx. Mist. Camph. $\frac{3}{4}$ j. statim. The foot being cold was enveloped in flannel.

29th.—Slept more quietly, and is *pretty free from pain*. The leg and foot are cold; pulse 126, regular, but weak. In the course of the day the inside of the leg became discoloured, and

a large livid vesication formed upon it, whilst the parts above were becoming emphysematous.

30th.—The mortification has extended in patches as high as the groin, with distinct emphysema still higher; pulse 140; countenance sallow. Wine and other stimulants were administered.

Bilious vomiting and hiccup now made their appearance, and when we saw him at 5 P. M. he was evidently dying. The countenance was sallow, puffy, and peculiarly anxious; the limb enormously swoln, tinged of a bilious hue, (as was the whole body,) and spread over with large purplish green patches; the belly greatly distended; the pulse weak and rapid. He could answer questions, but his manner was hurried and his remarks incoherent.

At two o'clock next morning he died.

Sectio Cadaveris, 12 hours after death.

—On uncovering the body it presented, certainly, a most extraordinary appearance. It was blown up to at least twice its natural size, and emphysematous from top to toe, whilst even the features were so distorted, that the nearest friends of the patient could scarcely have recognised him. The mortification had extended for some little distance up the abdomen on the left side; the scrotum was like a large green ball; and the penis was discoloured, and in a state of priapism. No attempt at union had taken place in the wound, and on cutting down to the fractured bone it was found to be much shattered. As has been stated, the femur was broken across about an inch and a half above the knee-joint, but from this a perpendicular fracture extended into the joint separating the inner condyle. Splinters of bone were found here and there; the cancelli were gorged with blood, which had also been forced into the vasti, cruræus, and other muscles, but more especially into the parts around the knee-joint, and within it. On cutting into the capsule of the latter, there flowed out a most offensive mixture of grumous blood and sanies, and the cartilaginous surface of the patella and of the condyles of the femur was stained of a dark venous colour, to the depth of a line or more. No injury of the femoral or popliteal vessels could be discovered, but from the quantity and situation of the extravasated blood, it appeared probable that some of the articular, or the anastomotica magna artery, or both, had been torn. The emphysema was

found to be seated not so much in the subcutaneous cellular tissue, as in that looser texture which connects and pervades the muscles, &c. It was surprising how superficial the gangrenous disorganization appeared to be above the immediate seat of injury. The cellular texture and the muscles were emphysematous to be sure, but neither the one nor the other showed any trace of disease besides. The muscles indeed were as florid, and seemingly as healthy, as an anatomist could desire. Nothing particular, we believe, was found in the abdomen or in the thorax. The head was not examined.

When the patient was brought into the hospital amputation was proposed to him, but he would, on no account, consent to its performance. It was not again proposed upon the appearance of the mortification; first, because it was thought that he would not submit to it; and, secondly, because the chance of success was then necessarily desperate.

LA CHARITE.

Case of Hydatids of the Lungs.

A WOMAN of sanguine temperament and good constitution, 36 years of age, not subject to any habitual cough, was admitted into La Charité under the care of M. Fouquier, on the 3d of January. Two days previously, in consequence of a violent fit of passion, she was seized with an extreme sense of suffocation, with anxiety, and an acute pain in the right side of the chest, accompanied with severe cough and expectoration. The first inquiries led to a belief that the patient was labouring under an attack of acute pulmonary catarrh: both sides of the chest retained their natural sound; expectoration was very abundant, chiefly of a serous nature; the fits of coughing were attended with vomiting; the pulse was frequent and depressed; the skin hot and dry; the tongue red; thirst very great. The patient lay upon her back, a little inclining to the right side, the head and shoulders raised. Auscultation was not employed. On the 10th of January four bleedings from the arm had been practised, and two applications of leeches to the epigastrium, in consequence of a pain which the patient complained of in that region; sinapisms had been applied several times to the lower extremities, nevertheless there was no sensible amelioration. The expecto-

ration continued to be very profuse; the fever considerable; respiration hurried, with vomitings of a brownish and very bitter fluid, together with gastric symptoms, such as pains in both hypochondria, and in the epigastrium; redness and dryness of the tongue, with intense thirst. On applying the stethoscope it was perceived that, although the right side of the chest sounded well, the respiration was but imperfectly heard; in the spinal fossæ some degree of metallic sound was perceptible. M. Fouquier having tried succussion, the patient said that she heard a sound, such as would be caused by a stone falling into a well. There was a gurgling towards the base of the chest; in front, a complete absence of the respiratory murmur. The parietes of the chest generally tender to the touch. On the 20th the expectoration became very abundant, and the fits of coughing were very frequent, and again brought on vomiting. The patient complained of a sense of suffocation, and she remained sitting up in her bed: the signs furnished by auscultation continued the same.

25th.—Expectoration ceased, and the efforts of coughing became very feeble; in the course of the day she died.

Sectio Cadaveris.—*Thorax.* The moment the scalpel had penetrated the right cavity of the chest, a quantity of air, nearly inodorous, escaped. This cavity was half filled with a turbid fluid, of a yellowish colour, free from flocculi, in which was swimming a pouch with soft parietes, of a milky white colour, semitransparent, and about the size of a large nut, which was evidently a broken hydatid. On blowing into the trachea, the liquid was impelled to the inferior part of the cavity. The pleura was covered throughout its whole extent by a thick, red, and soft, false membrane; the lung was pressed back upon the sides of the vertebral column; its summit was completely flattened; opposite to the sternal extremity of the fifth rib, the lungs and the costal pleura communicated by means of a round and very strong band, of the thickness of a writing pen, strongly adherent at both its insertions. Upon the external surface of the inferior lobe of the lungs was a round opening with elevated borders, into which the point of the fore-finger could be readily admitted, and which established a communication between the pleural cavity and a pouch

hollowed out from the substance of the lungs, so near the external surface as to be only one or two lines separated from it. This cavity, which corresponded with the size of the hydatid, was lined with a smooth membrane, very thin, and adhering intimately to the pulmonary tissue. On cutting into the lung in the course of the bronchus of the inferior lobe, many divisions were discovered, two of which were of considerable size, and communicated with the cavity. The lung of the left side was very healthy, without any adhesion. Nothing remarkable was observed about the heart.

The liver was rather large, but in a healthy condition; the stomach was the seat of rather an unusual alteration; the greater curvature, and a large portion of its anterior and posterior surfaces, were studded with a number of large bumps or elevations, owing to the presence of gas in the submucous cellular tissue. The mucous membrane appeared in other respects to preserve its ordinary consistence, colour, and thickness: the rest of the viscera of the abdomen were healthy.

It is scarcely necessary to remark that this case is one of great interest. The perforation of the lung, and the existence of a cavity within it, the diameter of which corresponded with that of the hydatid, demonstrate clearly that it had originated in the lung, very near the surface, and that its fall into the pleura had brought on the inflammation, and all the phenomena we have described. We are confirmed in this opinion by the good health which the patient enjoyed before the accident, and still more by the integrity of the pulmonary tissue in all its other parts, which integrity is sufficient to refute any other explanation that might be attempted of the phenomena.

What was the influence of the fit of passion in displacing the hydatid so suddenly followed by such violent symptoms? If we reflect upon the effects of this passion upon the whole of the functions, and more especially upon those of the circulation and respiration, it will be easy to conceive this to have been the case. The accelerated action of the heart; disturbance in respiration, which becomes convulsive and suffocating, are the common effects of violent anger: the blood accumulates in the lungs, distends them, and brings them more forcibly in contact with the

thoracic parietes; hence it not unfrequently happens that pneumonia and hemoptoe ensue, and it may therefore easily be conceived that a soft, thin bag, distended with fluid, may have given way. Hydatids are commonly contained in a fibrous and resisting cyst; sometimes this is even cartilaginous: in this case, however, there was no cyst. To speak correctly, the hydatid was in immediate contact with the pulmonary tissue, which had separated and adapted itself to its external surface. This want of a fibrous envelope had the most unlucky influence upon the disease: if any had existed, it might have hindered the communication of the bronchi with the cavity of the pleura, perhaps have prevented the escape of the hydatid into this cavity.

The sudden pain which the patient felt under the right breast was the signal of the rupture of the hydatid; and the irritation of the pleura, which proceeded rapidly in its course, marked the entry of the air into the thoracic cavity. The empyema which succeeded suddenly compressed the right lung, and from thence arose the oppression.

Why did it happen in this case that the right side of the chest was not more sonorous than the left side? This is easily explained. When there is only a simple pneumatosis, the sonorousness exists in the highest degree, but when the pneumathorax is joined to an extravasation of fluid, the sound is in the inverse ratio of this effusion: it is more considerable on the diseased side, inasmuch as the fluid occupies the greatest part of the cavity; becomes equal on both sides, when the two bodies are found in certain proportions; and may even become more obscure on the affected side, when the empyema is greater than the quantity of gas disengaged. The metallic sound was most evident when the patient either spoke or coughed: in the act of respiration alone, it bore the most perfect resemblance to the noise produced by air blown into an empty bottle. This phenomenon diminished in proportion as the effusion increased, at the same time it was heard in a more circumscribed space, whilst the dull sound occupied a wider range. The emphysema, which occupied nearly one-half of the stomach, is also worthy of remark. M. Fouquier observed that he never met with anything resembling it before. Was this the cause of the vomiting which was present from the

first days of the disease? or was it not rather the effect?

PROCEEDINGS OF SOCIETIES.

MEDICO-CHIRURGICAL SOCIETY.

Tuesday, February 12.

B. TRAVERS, ESQ., IN THE CHAIR.

A paper on Injuries of the Head, by Mr. Brodie, was to have been read, but owing to the absence of that gentleman from indisposition, it was postponed. A short paper was substituted on the use of punctures with the point of a lancet in erysipelas. This method, it may be remembered, was alluded to by Dr. Babington in the recent discussions, and nothing new was elicited on the present occasion.

MEDICAL SOCIETY OF LONDON.

February 11.

DR. HASLAM IN THE CHAIR.

THE reading of the record of Mr. Howell's case of Uterine Hemorrhage treated by Transfusion, gave rise to a discussion on that subject. The general impression was in favour of its efficacy.

Mr. Waller and Mr. Doubleday reviewed the circumstances of the cases in which transfusion had been performed, with a view to show that in all of them a fatal termination appeared inevitable; and to demonstrate that the restoration of power, after the transfusion of a few ounces of blood, was very extraordinary, and not to be brought about by the introduction of stimuli or any kind of aliment. Both these gentlemen enlarged on the desperate condition of the patients on whom they had operated, and thought that the practitioners who question the propriety of the operation, had not witnessed deaths from uterine hemorrhage, or they would be impressed more strongly with the necessity of such an operation.

Mr. Howell, who previous to the occurrence of his case had not been an advocate for transfusion, bore testimony to the extraordinary effect it had produced in this instance.

Mr. Kingdon thought that the favourable opinion of the operation entertained by Dr. Walshman and Mr. Barton Brown, both extensive practitioners in midwifery, was a circumstance worthy consideration. The subject was one of great importance to the public, who were now acquainted with the operation. He (Mr. K.) thought that

we were justified in requiring the best evidence of the success of the operation; but that some had demanded for it more than could be conceded to any medical or surgical effort, *i. e.* an unquestionable proof of efficacy. To no medicine or operation could be attributed incontrovertible curative effects.

WESTMINSTER MEDICAL SOCIETY.

February 9.

MR. ARNOTT IN THE CHAIR.

THIS evening Mr. North brought forward three cases of Hæmatemesis which had proved fatal, under circumstances not usually considered by authors to indicate danger. The first case was that of a young and healthy woman, whose menses had been suppressed for several months. She became affected with vomiting of blood, and Mr. North, and subsequently a physician, were called in. They gave a most favourable prognosis, but within half an hour after their visit she vomited a large quantity of blood, and expired in a few minutes. It may be observed that the stools were black. On dissection, the surface of the stomach was found covered with a pulpy substance, apparently coagulum, and on stripping this off, innumerable red spots were discovered beneath. In the second case, the circumstances were very similar, and Mr. North gave a more guarded prognosis. Two physicians were called in, who gave quite a contrary opinion, in consequence of the flux being vicarious with suppressed menstrual discharge. In two hours after their visit the patient died. The third patient also died after throwing up a large quantity of blood. She had suppressed menses, and had laboured under leucorrhœa for some time. In both these patients, there were "melænic" stools. Mr. North observed that in none of the patients was the health affected in any degree, nor did there exist debility or any other symptom calculated to induce apprehension of danger. Rather an interesting discussion followed.

Dr. Ayre is to introduce the subject of Diabetes Mellitus next evening.

ROYAL COLLEGE OF SURGEONS IN LONDON.

Regulations of the Council relating to the Age and Professional Education of Candidates for the Diploma of the College.

I. The only schools of anatomy and phy-

siology recognised, are London, Dublin, Edinburgh, Glasgow, and Aberdeen.

II. Attendance upon the surgical practice of an hospital will be recognised, provided such hospital contain at least 100 patients.

III. No person under twenty-two years of age shall be admitted a member of the College.

IV. The following certificates will be required of candidates for the diploma of the College:—

1. Of having been engaged six years, at least, in the acquisition of professional knowledge.

2. Of having regularly attended three or more winter courses of anatomy and physiology, and two or more winter courses of dissections and demonstrations, delivered at subsequent periods. (Two courses of anatomy and physiology in Edinburgh or Dublin, which are of six months' duration, and the accompanying courses of dissections and demonstrations, will be considered as equivalent to the foregoing attendance.)

3. Of having regularly attended two or more courses of lectures on the principles and practice of surgery; one of which shall have been delivered in a recognised school of anatomy.

4. Of having also attended the following lectures, *viz.* Two courses on the theory and practice of physic of three months each, or one of six months; one course on materia medica and botany: two courses on chemistry of three months each, or one of six months; two courses on midwifery of three months each, or one of six months.

5. And of having attended, during the term of at least one year, the surgical practice of one or more of the following hospitals: *viz.* St. Bartholomew's, St. Thomas's, the Westminster, Guy's, St. George's, the London, and the Middlesex, in London; the Richmond, Steeven's, and the Meath, in Dublin; and the Royal Infirmaries, in Edinburgh, Glasgow, and Aberdeen;—or, during four years, the surgical practice of a recognised provincial hospital, and, six months at least, the practice of one of the above-named hospitals in the schools of anatomy.

V. Candidates under the following circumstances, of the required age, and who have been engaged five years in the acquisition of professional knowledge, will be admissible to examination, *viz.* Members, or licentiates in surgery, of any of the legally constituted Colleges of Surgeons in the united kingdom; and graduates in medicine of any of the Universities in the united kingdom, provided they have attended lectures, the practice of an hospital, and performed dissections, as required in Regulation IV.

VI. The required certificates shall express the dates of the commencement and of the termination of attendance on each course of lectures, and dissections: and also of attendance on hospital practice.

VII. The required certificates shall be delivered at the College ten days before candi-

dates can be admitted to examination. By order,
EDMUND BELFOUR, Sec.
5th day of January, 1828.

ROLFE *versus* STANLEY.

A cause of considerable interest to our profession was tried at the Court of Common Pleas on Wednesday last. The plaintiff was thrown from his horse and injured his knee. Mr. Stanley, who was sent for, found the parts much swelled, with a wound of the integuments, and a small irregular body in the joint separated a little from the patella. Regarding it as one of those cases of comminuted fracture of the kneepan, so well described by Mr. Bell in the second Number of this Journal, he endeavoured to bring the detached portion into its proper place. At the end of two months, however, union had not been effected, and Mr. Stanley discontinued his attendance, supposing that his patient would have a stiff joint for life. Another practitioner (Mr. Lilly) who was called in poulticed the knee, and soon after, the skin becoming inflamed over the supposed fragment of bone, he cut down upon it and took out—a piece of pebble! which had been forced into the joint at the time of the accident, and remained there up to this time. The gentleman brought his action against Mr. Stanley for maltreatment, suing for damages in compensation, trusting his cause to the above facts and to the evidence of the said stone, which was produced in Court. Mr. Stanley called Mr. Abernethy, Mr. C. Bell, Mr. Brodie, Sir A. Cooper, Mr. Green, and Mr. Travers, the general effect of whose evidence was to prove that they, under similar circumstances, might also have been similarly misled. The jury found a verdict for the plaintiff £30.

LIBEL.

The cause MACLEOD *versus* WAKLEY is set down for Monday next, the 18th, in the Court of King's Bench, Westminster. Sir James Scarlett leads for the plaintiff, Mr. Brougham for the defendant.

NOTICES.

We have received a paper signed "Spectator," which contains some remarks of a very pointed nature upon Mr. Key's Observations on the Treatment of Fractures in our 9th Number. Our Journal is open to free discussion, but letters such as that of Spectator ought to have the signature of the writer. It is left at the publishers for the author. Should he choose to modify it, limiting his stricture merely to professional matters, and without any personal reflections, we shall be happy to insert it under the signature already adopted.

Other correspondents in our next.

THE LONDON MEDICAL GAZETTE,

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No. 12.]

SATURDAY, FEBRUARY 23, 1828.

[Vol. I.

CLINICAL LECTURE AT THE HOTEL DIEU.

By M. DUPUYTREN.

ON DIFFUSE PHLEGMON.

In his first lecture, M. Dupuytren dwelt especially upon those points in the above disease which appeared to him to be most important. He particularly described the accompanying fever with exacerbations repeated two or three times in the day, and sometimes so distinctly marked, as to be taken for accessions of an intermittent; but he stated the fever to be really continued, and often at the highest period of the disease accompanied with adynamic or ataxic symptoms, which influence the mode of treatment, and which for a period long antecedent to the *new doctrines* M. Dupuytren has shown ought to be disregarded, in order that the attention should be exclusively directed to the disease by which they are produced. He also dwelt upon that state of symptoms which takes place on the fifth or sixth day, and which inexperienced practitioners mistake for the prelude to resolution. He insisted upon the marked symptoms of the diffuse phlegmon, and showed how the suppuration, instead of being confined as in circumscribed phlegmon, occupies each cell; and when each cell is thus filled with pus, how the tissue becomes softened, resembling a sponge filled with water, and is covered with phlyctenæ, containing a purulent serum, which, after it has escaped, discovers eschars generally white, sometimes blackish; how afterwards the inflammation, which at first had occupied neither the skin

nor the aponeurosis, extends itself to those parts, passing through the aponeurosis by those apertures which exist for the transit of the arteries, veins, and nerves; how the inflammation then takes hold of the muscles, and either by the swelling of these parts, or by the tension of the aponeurosis, an internal *strangulation* becomes manifested, which is promptly followed by gangrene, unless we hasten to free the aponeurosis by incisions. Again how, whether the sub-aponeurotic cellular tissue be inflamed or not, the occurrence of suppuration is fatal to adults, less to be feared in children, but almost universally mortal in old people; and finally, how even, although the patient escape the first danger, the cure is of formidable length, the cicatrix difficult to form, and destroyed by the slightest cause. It is also in the course of this disease that the skin, at first free from inflammation, takes on that action from mere vicinity, and then a true phlegmonous erysipelas is produced, the danger of which bears relation to the inflammation of the cellular tissue, and not to that of the skin. It is scarcely necessary to add, that the lymphatic glands of the axilla and the groin inflame and swell sympathetically; but what is to be kept in mind above all things, is the bad condition of the *primæ viæ*, which often precedes, accompanies, or follows the first appearance of the diffuse phlegmon. Before the present doctrines reigned in the schools, M. Dupuytren had observed the changes that frequently manifested themselves after death in the gastro-enteric organs. Diffuse phlegmon may, according to M. Dupuytren, be referred either to an internal or external cause;

most frequently the cause is external, but complicated with or preceded by internal symptoms. Let a contused or lacerated wound take place in an individual otherwise healthy, and who does not labour under any disease of the digestive organs, and we shall very rarely see it succeeded by a diffuse phlegmon, or at least it will be easy to prevent or to cure it; but should gastric symptoms have preceded or followed the accident, immediately the symptoms of diffuse phlegmon manifest themselves, without our having the power of repressing them. In order that a wound, without any internal complication, even should it be contused or lacerated, should give rise to diffuse phlegmon, it must either have been irritated by exposure to the sun, or to external violence, to the friction of the clothes, in short it must have been as it were *envenomed* in some way. It is easy to conceive, therefore, that in this case, to prevent the approach of the disease, (and to prevent is always better than to combat it,) all causes of irritation should be avoided; therefore rest must be enjoined, every irritating cause excluded, and if the wound appears disposed to become inflamed, however little its edges may show of tumefaction, leeches ought to be applied round them. If the patient be robust, let one or two general bleedings be had recourse to, and these had in general better precede the application of the leeches; when this is not done, the leeches instead of relieving the wound often increase the determination of blood to it. Do not let it be imagined that this remark is merely theoretical, and not dictated by experience. It is sufficient to observe what takes place in the female when the menses are suppressed; if during four or five days the application of leeches to the thighs or labia be repeated, it seldom happens that these applications do not determine towards the uterus, so that the menstrual discharge reappears. To this observation it may indeed be replied, that in the case of the suppression of the menses, it is to the small number of leeches and their frequent repetition, that the sanatory movement is due; and this is so true, that this plan often fails when a great number of leeches are applied at one time only. It is nevertheless true that an application of leeches, even though considerable, especially in plethoric subjects, rather determines to the part, and that this inconvenience is

either diminished or avoided by causing the evacuation to be preceded by general bleeding. Local and general bleeding in this disease ought to be accompanied by general or local baths; the local ones should be of an emollient nature; emollient poultices, or what is still better, cold sedative applications, ought to be made to the diseased part, such as cloths steeped in a solution of extract of lead in water; and if the cellular inflammation has commenced, the baths, leeches, poultices, and sedatives must be again had recourse to. Such are the means to be employed in the outset to arrest the disease, and it will be seen that they are entirely composed of antiphlogistics. But if the wound be narrow, if the commencing inflammation appear to be owing to a strangulation of the parts, then incisions, either straight or crucial, should be made immediately, and without any hesitation. By this means a local unloading of the part will be effected, and the inflammation will be prevented from spreading any farther. There is also another method which M. Dupuytren has frequently employed, and which after him M. Fleury has adopted, especially in cases of wounds penetrating into the cavity of the knee-joint; this is a large blister applied upon the wound and the skin that surrounds it; the irritation which it occasions, together with the suppuration, sometimes prevents the development of the diffuse phlegmon. But if either before or after the appearance of this affection, *saburral* dispositions are observed, (according to the expression used twenty years ago, or a *gastric* indisposition as it is now the fashion to term it,) that is, if the tongue, without any redness either at its point or edges, is covered towards its base with a yellowish coat, if there is loss of appetite, nausea, but with little or no sensibility at the epigastrium, one or two emetics, and some gentle laxatives, either suspend the course of the phlegmon, or at least render it less severe. There is one thing of which M. Dupuytren is convinced, namely, that emetics and purgatives, formerly too much employed, are now too much neglected.

If the phlegmon is decidedly developed, if, as a consequence of a contused or lacerated wound, a swelling takes place, so that the neighbouring cellular tissue has become œdematous, even then one or two small bleedings may be

advantageous; *small bleedings* M. Dupuytren especially mentions, because any large evacuation of blood may plunge the patient into a state of adynamia or ataxy. The methods first mentioned should be persevered in; the incisions made use of to liberate the strangulated parts, which are to be kept in a very elevated position, in order to prevent an increase of the swelling. We are to continue to cover them with cold sedatives, to prescribe diluents, and to take care to keep the bowels open. As to poultices, so much employed in other hospitals, M. Dupuytren looks upon them as often hurtful; they favour, or even augment, the local determination. If the symptoms continue or increase, he does not hazard the application of blisters; he has seen such different effects ensue in consequence, that he dreads to employ them; sometimes he has seen them lead to a termination in resolution, but at others, though rarely, the formation of eschars has been the evident result; and he insists the more strongly on this from having read in various theses and other works, that blisters have, at the Hôtel Dieu, been attended with frequent success. It is not in diffuse phlegmon, but in nearly all cases of erysipelas, that he recommends and employs blisters. Sometimes they are absolutely hurtful in the former disease, but more commonly they seem to exercise no influence whatever upon it. When arrived at the fourth or fifth day, the cellular tissue almost always begins to be affected with suppuration. Should the pus be suffered to remain in the cells? or should it be evacuated by incisions? These incisions frequently diminish the inflammation, and the suppuration, which is the consequence, but on the other hand, they sometimes do not diminish—nay they even increase it.

Let us, then, persist in the application of leeches and the use of refrigerants; if, indeed, suppuration be definitively established, hesitate no longer, open freely those points whose depending situation renders them fit to evacuate the pus; renew the dressings often, and be careful every time you dress the patient to cleanse away all the matter with the sponge; and if, notwithstanding all that has been done, the skin becomes detached and falls for want of nourishment, then you must apply yourself to sustaining the strength of the patient, for then it is that the ataxic and ady-

namic symptoms are about to declare themselves. If you cannot prevent this, combat the first with non-irritating tonics; the second with the gentlest antispasmodics. Preparations with wine and alcohol are pernicious; substitute a watery infusion of cinchona; lay compresses wet with the same over the wounds, and cover them over with the substance of the bark which remains after the decoction. If, on the contrary, gangrene be imminent from excess of inflammation, recur to antiphlogistics and cold sedatives.

At this period, that change takes place in the cellular tissue designated by the words *struck* with suppuration, and pieces of skin, sometimes of very large size, become detached. Facilitate their detachment, but take care not to drag them away forcibly, and spare the bands which still unite the skin to the parts beneath; these bands are nothing less than the vessels and nerves of the parts, and their destruction would produce either pain or hemorrhage, which almost always becomes fatal in the condition to which the patient is then reduced. The division of these bands, or an untimely bleeding, will be sufficient to plunge the patient into an incurable state of weakness and prostration. It is here again that all the art of dressing the wounds should be put in practice: wherever the pus collects we should give issue to it by incisions, or get rid of it by compressive treatment. Foreseeing that the skin must give way, we try to reanimate it by stimulating applications, by bark, or even by spirituous lotions. The general strength must also be supported.

If it appears that the skin begins to be reattached, we may be assured that the danger diminishes, and we may try to favour the production of new skin in the denuded parts. This will be effected by sustaining a moderate degree of inflammation, in carefully avoiding its excess, or equally so a want of tone; this might exhaust the strength of the patient, the former might excite a fresh attack of the phlegmon. If this should take place, recourse must be had to fresh applications of leeches and to proper diet. Nitrate of silver must be employed to repress exuberant granulation; and to hasten cicatrization, M. Dupuytren employs a solution of lunar caustic of various strength, (from four to ten grains, to the ounce.) It is necessary

that this solution should irritate the parts, but not cauterize them. In dressing the parts, little strips of cerate must be applied round the edges of the wound, and a little beyond,—by this means all chance of tearing off the incipient cicatrix, in removing the dressings, will be avoided. The rest of the surface is to be covered, as M. Dupuytren has been always accustomed to treat burns, with compresses of fine old linen, pierced with holes, and covered with cerate; the holes permit the exit of the pus, which is thus prevented from collecting underneath, and we have the great advantage also of removing the whole of the dressings at once.

Now, as indeed throughout the whole course of the disease, we must watch our patients narrowly, taking care that they do not exercise their feeble digestive powers too much by taking a too great quantity of nourishment, or food of a pernicious quality, for the smallest excess of this kind will produce a purging, which is almost always obstinate, and which frequently kills the patient. In this case the suppuration stops entirely, or changes its nature, and the practitioner requires no other proof to discover the source of the evil. During the whole course of the disease care must be taken that the patient is not exposed to a cold or humid atmosphere. M. Dupuytren has had occasion to open the bodies of many individuals who have died at the termination of an attack of diffuse phlegmon, and has found in the greatest number that the original disease was less frequently the cause of death, than some internal inflammation brought on by imprudence. Pleurisies, pneumonia, abscess in the liver, have been observed; and these diseases had come on after the patients had been exposed to cold, either in the face, neck, chest, or limbs. If the phlegmon has been situated in the lower extremities, the patient must not attempt to get up and walk, such an exertion would bring on swelling, and perhaps a return of the disease, or an erysipelas almost equally fatal. Sobriety ought ever to be carefully preserved after the formation of the cicatrix, and motion should be used with great moderation.

These large cicatrices are very apt to be torn in a very remarkable manner: a small bladder filled with pus takes place upon a point of the surface, it breaks, and leaves at the bottom an ulcer, greyish at the base, and resembling in colour a

syphilitic ulcer; this ulceration extends rapidly, and makes such progress that in less than twenty-four hours the whole cicatrix is destroyed. It is true that its reestablishment is less difficult than before, and this accident is not always even disadvantageous to the patient; the primitive cicatrix being very weak, and tearing with facility, its strength increases each time it is reproduced, and we have seen it only to possess a sufficient degree of solidity and cease to give way after having been torn and reproduced three or four times. It is then only that the patients are entirely free from danger; it is then only that there is no fear of a relapse; but to what risks have they not been exposed? They might have died of the consequences of suppuration, of colliquative sweats, or diarrhoea; of some internal inflammation; and even from the very commencement, prior to the epoch of suppuration, of a gangrene immediately consecutive to the first inflammatory symptoms.

A COURSE OF LECTURES ON EXPERIMENTAL PHYSIOLOGY.

BY M. MAGENDIE.

Lecture 5th.

ON THE NATURE AND ABSORPTION OF LYMPH.

WE know scarcely any thing, says M. Magendie, of the history of lymph; but these facts we are well acquainted with, *viz.* that the lymph is a transparent fluid found in the thoracic duct of animals which fast for a long time; that it differs from the chyle in being transparent; that liquids contained in the digestive organs either *do not* pass into the lymph, or at least do so in very small quantity; while, on the other hand, liquids injected into the circulation are detected in the lymph and lymphatic vessels at the end of a few minutes. These three propositions were proved by the following experiments.

1st.—A young dog had eaten nothing for four days, but had, some hours before the experiment, drunk some water holding powdered indigo in suspension: the abdomen was opened—the colouring matter was found on the internal surface of the stomach and intestines, but we saw no trace of it either in the lymphatics or in the lymph contained

in the thoracic duct; this liquid was colourless, slightly opaque, and coagulated quickly.

2d.—A very thin dog, which had eaten nothing for five days, but had, two hours before the experiment, drunk three ounces of a strong infusion of madder; he was poisoned by pouring into his gullet a few drops of prussic acid. The internal surface of the intestines was found dyed of a yellowish red colour by the madder; the thoracic duct was exposed, tied, and cut; the lymph was collected, it differed almost in nothing from that collected in the first animal; I say almost in nothing, for it had an extremely slight yellowish red tint, while the other had an equally slight blue tint. Let me remark that the two animals were, by their leanness, age, and hunger, in the most favourable condition for absorption.

By these two experiments M. Magendie demonstrated that liquids, and the substances which they contain, do not pass by the lymphatic vessels into the blood, as Hunter supposed, but, on the contrary, that any fluid once absorbed by the veins and carried into the circulating blood quickly passes into the thoracic duct. This is corroborated by the following facts.

3d.—A dog, of middling size, had neither eaten nor drunk any thing for three days; two ounces of a solution of the ferruginous prussiate of potass were injected into the jugular vein; the dog died instantly: no air appeared to have entered with the injection. The thoracic duct was tied and opened and the lymph collected, which was found to be more opaque and milky than in the two former experiments, but less opaque than the chyle or lymph which is formed by the digestion of the food, because the animal had fasted for a shorter time than the two dogs spoken of in the two former experiments. The lymph, when mixed with a few drops of nitrate of iron, gave a blue precipitate. The urine, however, when mixed with the same substance, neither gave a blue nor green precipitate. In the whole urinary apparatus there was only the cortical substance of the kidneys, which was slightly tinged with blue by contact with the ferruginous salt; the prussiate had not gone farther. The pericardium and muscular substance of the heart were turned blue in a much more striking manner. The surface of the intestines and liver, however, did not give the slightest index of

the presence of the prussiate. According to M. Magendie, all these organs would have been penetrated by the solution which was injected if the animal had lived longer. Indeed, only very weak and partial movements were observed in the auricles. As for the rest, observes M. Magendie, I cannot believe that the prussiate of potass is not poisonous. Direct experiment proves that this salt kills by producing convulsions not only in mammiferi and birds, but in cold-blooded animals, which, as we know, are difficultly poisoned. It is a poison of the same kind as the prussic acid, only it is less powerful and prompt in its operation. Perhaps, even, it is only poisonous because the organic power decomposes it into the acid, and the base, like the acetate of potass, which, according to the professor, is partly decomposed in the intestines, so that the base passes into the urine, which is rendered alkaline by it.

Another fact goes to prove that the lymph and the chyle, instead of being, as it is too generally supposed, formed by the liquids absorbed with or without the alimentary particles, and dissolved, is, in some way or other, a secretion formed like the other secretions from the blood. When, says M. Magendie, a great quantity of air has been impelled into the veins of a large animal, a horse for example, with care and such slowness as will not suddenly cause the death of the animal, it will be found, after some time, that the chyle or lymph is mixed with several bubbles of air in the thoracic duct.

Thus, then, we constantly find in the thoracic duct the substances which the blood of the animal contains. We never, or at least only in an almost inappreciable quantity, find the substances which have been introduced by means of the solid or liquid food. There is, then, no doubt that the lymph is rather the product of the blood than of the fluid food.

With respect to the circulation of the lymph, M. Magendie has remarked on the subject of the third experiment, from which he obtained about two ounces, that this fluid did not flow into the vessel at once, and in a single jet, (as the blood does from a distended vein or artery after it has been punctured,) but, on the contrary, in a slow and interrupted manner; that after having withdrawn the vessel because the canal furnished no more lymph, he found, at the end of some minutes, that the duct

was again full of lymph, and laying hold of it with a pair of forceps he drew from it as much lymph as on the first occasion; and that it was after five or six of these manœuvres that he obtained the two ounces of lymph. When the chyle does not flow at all, or only in a very small quantity, through the opening made in the thoracic duct, we are in the habit of pressing the intestines of the animal, and we thus obtain a fresh quantity of the fluid.

It is thus that we generally proceed to extract the chyle or lymph. If, instead of this pressure, we were to sprinkle the intestines with an astringent solution, (alum for instance,) we should obtain a much greater quantity of lymph. It is just the same when we perform these experiments in winter, and in a cold place; we obtain the chyle more promptly, and in a larger quantity than in summer or in a very hot place. It is known by those who are in the habit of performing experiments, that chyle can be better obtained when the animal is dead, and cold; and it is on this account that they kill the animal previous to the experiment; on the contrary, we scarcely collect any lymph when before or immediately after the animal's death we place its posterior limbs and abdomen in a vessel of tepid water. If we cool the water, the course of the fluid is reestablished. These observations appear to me to show that the direct cause of the effusion of the chyle, after the death of the animal, consists in the slow and gradual contraction of the chyloferous and lymphatic vessels, (a contraction which we see elsewhere directly;) that, in an ordinary case, the slowness of the cooling of the animal which has just died, and consequently the slowness of the contraction of the lymphatics, is the cause of the slow effusion of the chyle, and even of the fact that the thoracic duct can be refilled after it has been once emptied, the contraction, and consequently the *vis à tergo*, being too weak to overcome the resistance offered by the falling together of the parietes of the canal near the part where it has been cut; and, lastly, that during life the motion of the chyle is favoured by the alternate pressure and relaxation which the abdominal muscles exercise.

CYSTS CONTAINING A WATERY FLUID, APPARENTLY CONNECTED WITH THE LIVER.

To the Editor of the London Medical Gazette.

Sir,

I AM induced to send you an account of the two following cases, first, because I am not aware that any cases exactly similar to them have been recorded by pathological writers; and secondly, because I have very lately had an opportunity of seeing one of the patients, and have thus been enabled to ascertain that the slight operation which was performed upwards of five years and a half ago has afforded her a permanent relief—or at least that up to the present period there has been no indication of any recurrence of the disease.

I am, sir,

Your obedient servant,

B. C. BRODIE.

Saville Row, Jan. 20.

CASE I.—In the spring of the year 1822, I was consulted, in conjunction with a respectable medical practitioner of my acquaintance, respecting a young lady about 20 years of age, who laboured under a considerable enlargement of the parts situated in the right hypochondriac region. On examination we discovered a tumor, in which the fluctuation of fluid was very perceptible, lifting up the inferior ribs of the right side, and projecting forward so as to be visible below the edges of the ribs also. This tumor had begun to appear indistinctly a year or two before: at first producing some degree of pain; producing more pain as it grew larger, and occasioning also much inconvenience to the patient by preventing her from sleeping, except in a particular position, and from taking exercise.

The tumor continued to increase in spite of some remedies which were recommended; and as the inconvenience which it produced increased also, I was led, on the 27th of June, 1822, to puncture it by means of a flat trocar cautiously introduced below the margin of the ribs. About three pints of watery fluid were evacuated. Care was taken that no air entered the orifice made by the trocar. The edges of the wound were brought together by means of

adhesive plaster, and they healed by the first intention.

A bandage was applied round the upper part of the abdomen, and the patient was kept in bed for the first few days after the operation.

For two or three weeks she suffered from a troublesome and almost incessant cough. As the cough subsided, she found herself to be very much relieved. She was now free from pain, was able to walk as well as other persons, and to lie in any position.

About a fortnight ago I was again consulted by the same young lady, but it was on account of another complaint, and I was gratified to find that she had continued quite free from any of her former symptoms.

CASE II.—In August, 1822, a little boy was admitted into St. George's Hospital, under Dr. Chambers, with a tumor presenting itself below the margin of the ribs of the right side, lifting up the ribs also with a distinct fluctuation, and altogether very nearly resembling the tumor which existed in the case just related.

In the following September it was determined, in a consultation between Dr. Chambers and myself, that I should puncture the tumor. Accordingly, a flat trocar was introduced below the margin of the ribs, and a pint and a half of watery fluid was drawn off. The wound healed by the first intention, without the smallest inconvenience arising from the operation. The boy left the hospital as cured, and I have had no opportunity of seeing or hearing of him since.

The fluid drawn off was exactly the same in both of these cases. It was clear and colourless, resembling water in appearance; it contained no coagulable lymph; and when exposed to heat in a spoon over the flame of a candle, it almost wholly evaporated, leaving the smallest possible residuum of animal matter.

From the situation of these tumors I was led to believe that the disease must have been situated in the liver.

Cysts are found in the liver containing hydatids, but the circumstances of there being no *débris* of hydatids in the fluid drawn off, and of there having been in one instance, at least, no return of the disease at the expiration of five or six years, seem to be at variance with the opinion that such was the na-

ture of the tumor in either of the above cases.

Not unfrequently I have noticed in dissection a membranous cyst projecting on the convex surface of the liver, containing a clear, watery fluid. The cysts to which I allude are generally of the size of a marble. The largest which I have chanced to see in the dead body might have contained from one to two ounces of water: but there is no reason why such a cyst should not increase so as to attain a very large size, and I can offer no better explanation than this of the cases which I have now recorded.

VARICOSE ARTERIES.

WE copy the following case from the *Glasgow Medical Journal*, the first Number of which has just appeared, and which from the zeal and acquirements of its editor, Mr. Mackenzie, and the ample opportunities for observation and experience possessed by the profession in the mercantile capital of Scotland, we have reason to expect, will prove an important addition to medical literature.

We shall subjoin the case in the words of Dr. Maclachlan, to whom it occurred, and then offer some remarks.

“Having caused that side of the head to be shaved, the better to observe the nature of the tumor, it presented the following appearances:—Soft, puffy, pulsating, and somewhat elastic swellings of a varicose appearance were found to occupy the course of the temporal, posterior auris, and occipital arteries and their principal branches, each branch terminating by a tortuous extremity. These swellings could be made partly to disappear on pressure, but on its removal they speedily regained their former volume. They pulsated throughout their whole extent, and the pulsations were synchronous with those of the heart. By pressing on the common carotid, the pulsations ceased all along the swellings; and, by intercepting the flow of blood through the temporal or posterior auris, the throb was interrupted in corresponding parts of the tumor. They were not painful on being handled, but he complained much of the torture he had experienced for the last two months, from the throbbing, which often deprived him of rest for nights together,

and, as he said, made his existence miserable to him. The integuments covering the swellings were of their natural colour; only at those points which were most prominent, they had a slightly bluish-red tinge.

"This *arborescent* tumor commenced in front of the ear, immediately over the zygoma, and quickly swelling out, it became of the size of a split lemon, lying transversely over the ear. It sent a process forwards on the forehead, communicating by a tortuous extremity with the supraorbital twig from the internal carotid; a large process upwards to the crown of the head; and backwards, the main body of the tumor communicated with the puffy swellings of the posterior auris and occipitalis, which latter vessels gave a varicose feeling to the scalp over the left side of the occiput.

"The largest and most prominent part of the tumor was immediately over the ear: at this point, the throbbing was very violent, and the integuments being very thin and rather pointing, it threatened ere long to burst.

"The history he gave of his disease was the following:—About ten years previously he had the temporal artery opened for an attack of ophthalmia. A small aneurismal tumor formed at the point of incision, for the cure of which the artery was cut across, lower down; but this not succeeding, the vessel was again exposed and a ligature applied. The little tumor disappeared, he says, only for a time; on its return it was but small, gave him no uneasiness, and although he served as a soldier for five years afterwards, he never complained of it to his surgeon.

"This disease seemed to me different from any kind of aneurism by anastomosis that I had either seen or read of. It evidently followed the ramifications of particular arteries, for, by pressure being made on a particular vessel, a corresponding portion of the tumor became flaccid and pulseless, showing distinctly that no free intercourse by means of cells existed in it.

"I proposed the trial of pressure: he said it had already been employed, and that it gave him so much pain that he would not again submit to it. He urged me at once to proceed to tie the carotid artery, as he was informed that that was the only means by which the disease could be effectually cured. I then explained to him the possibility of taking

up the vessels singly; and that, should we fail, it was then in our power to tie the common carotid. He agreed—and with the assistance of Professor Towers and Dr. Anderson, I began by laying bare the temporal artery as it emerges from the parotid gland: but on dividing the fascia-like substance which kept it in situ, it shot forth through the opening in the form of a loop, in calibre larger than a goose-quill; thinner in its coats, and, if possible, more diaphanous than a vein; and thrilling violently at each pulsation. A ligature was applied to this loop; the wound was brought together with adhesive plaster, and, for additional security, a firm compress and bandage were applied. It was now evident that the vessel was diseased at the point of ligature, and the propriety of tying the common carotid hence became obvious. Pulsation had, however, ceased in the anterior and central portions of the tumor, which felt flaccid and doughy, showing that this plan of treatment would, in all probability, have been successful, so far as the vessels of the scalp, at least, were concerned, could the state of the arteries have been trusted to.

"Next day the common carotid was tied, in the presence, and with the concurrence of Professors Burns and Towers, Drs. King and Anderson. An incision, about two inches and a half in length, was made along the inner edge of the sterno-cleido-mastoid muscle, commencing at the lower edge of the thyroid cartilage, and extending downward to within half an inch of the sternal extremity of the clavicle. A large branch of the exterior jugular vein ran across the line of incision, but by carefully cutting through the fascia-like platysma myoides, the vessel was easily drawn aside along with that muscle. The sterno-cleido-mastoideus was now seen forming the outer margin of the wound, and the omo-hyoideus crossing it superiorly. The dissection was cautiously carried deeper, until the descendens noni was seen over the sheath of the vessels. The artery and par vagum were now distinctly in view, but the internal jugular vein, which frequently gives much trouble during this operation, did not at all appear. The sheath was opened by cautiously scratching with the point of the scissors between the carotid and par vagum, which nerve was carefully drawn aside. A blunt aneurismal needle, armed with

a very fine silk ligature, was now introduced, and passed with ease, from without inwards, under the vessel. The ligature being tied, the ends were cut short, and the artery left undivided. The wound was brought together with sticking plaster, and a light compress and bandage applied. He did not lose above a spoonful of blood, and his pulse, immediately after the operation, was 78, and of good strength. Immediately on tying the vessel, the varicose tumors of the head became devoid of pulsation and felt flaccid, although their prominence was but little diminished.

"In the evening he felt his neck rather stiff—had slight headache, seated principally under the *right* temple. Took some food with relish. Pulse 84. Skin rather hot.

"11th July.—He passed a good night. Wound free from pain. Pulse 92. But in the course of the forenoon he was seized with severe pain of chest, particularly in the right side. Pulse 120, of moderate strength. Skin hot. Tongue white. No stool. *V. S. at two bleedings to 70 oz.—saline purgatives—a blister—blood first drawn much buffed.*

"12th.—A bad night. Pain of chest easier, but breathing much oppressed, from a sense of weight over the chest. Pulse 108, soft. Skin nearly natural. Two copious stools. Wound feels quite easy. *Tinct. Digit. and Anodyne at bedtime.*

"13th.—A good night, having slept for five hours. Respiration and sense of oppression as yesterday. Towards the afternoon complained of pain in the region of the liver, increased on pressure. Pulse 116, rather full. No stool. *V. S. to 24 oz.—castor oil—turpentine enema—warm fomentations—anodyne at bedtime.*

"14th.—Dozed during the whole night, and now mutters almost constantly, but he is quite collected when spoken to. Said the pain of liver was easier. Respiration much oppressed. Pulse 144, feeble. Perspires copiously. No fæces passed with the enema. He became gradually worse, and died at five P. M.

"*Dissection*, fifty hours after death, in presence of Dr. Anderson and several medical gentlemen of Paisley, to which town the body had been removed. The weather being very hot, putrefaction had made considerable progress. The

viscera of the abdomen appeared healthy. The intestines were much distended with flatus, devoid of fæces, and blanched.

"In the chest, some straw-coloured puriform matter was found in the anterior mediastinum: about a pint of thick grayish mucopurulent matter in the right cavity of the pleura, and a small quantity of bloody extravasation into the left. The pericardium was unusually devoid of fluid—the heart large and flaccid.

"The wound, which had adhered throughout its whole extent by the first intention, had partially reopened from putrefaction. The carotid, the par vagum, and jugular vein appeared as if they never had been disturbed, nor was there the least appearance of pus around the ligature. On slitting up the artery, and cutting through the ligature at the same time, (the ligatured portion having been previously removed from the body,) small but soft clots were found above and below the ligature, and the artery remained puckered from the recent deposition of lymph. Its inner coats were divided as with a knife, while its external was found dense, strong, and entire. Below the ligature, the inner coat of the artery was of a vermilion red colour, even that of the thoracic aorta bore equal marks of inflammation, but at the bifurcation it was of its natural aspect; that portion also of the aortic arch nearer the heart than the coming off of the left carotid was healthy. The carotid in the neck was of its usual size, strength, and thickness; but on examining its branches on the head, they were found to have degenerated into dilated tubes of extreme thinness and transparency; which, apparently, yielding to the impetus of the blood, had become elongated, contorted, and ultimately convoluted on themselves, so as to form, by this species of doubling, the tumors which constituted this singular disease. These tumors felt like placenta, and to the eye, the larger portion immediately over the ear looked precisely like a bundle of earth-worms coiled together.

"I regret that from the peculiar circumstances under which this inspection was obtained, I had not an opportunity of examining, more at leisure, this very unusual disease of the arterial system, or even of ascertaining the exact point at which the disorganization commenced; whether the artery became

gradually thinner, or whether the disease began suddenly; whether in the diseased portions the three coats existed, or the dense, but thin external one only remained; whether the branches of the internal carotid were similarly affected with the external, and thus giving rise to the epileptic fits to which he had recently become subject:—these points unfortunately must be left to conjecture.

“I have been at some pains in searching through books for analogous cases, but Pelletan is the only author, as far as I know, who has distinctly described this disease. In his *Clinique Chirurgicale*, tome ii. two cases are given, which coincide in every particular with the one here detailed. One of these only, a girl 18 years of age, he had an opportunity of treating. Compression was first tried, but the patient could not bear it. He then tied the temporal artery: this promised to be successful, as far as the portion of the tumor supplied by that vessel was concerned, when unexpectedly the patient died, in consequence of an ‘indigestion.’ He has fortunately favoured us with plates of this case, which are of great assistance in elucidating this subject, for he has said but little pathologically of the nature of the disease. He speaks merely of dilatation, but it is evident from plate ii. fig. 2, in which the convolutions of the arteries of the scalp are given, on dissection, that the view above advanced, *viz.* the doubling of the dilated vessel on itself, as the cause of the tumor, is a correct one. Boyer,* also, who saw this case, and has given the dissection more at length, says, in speaking of the structure of the tumour.—“*Toutes les artères comprises dans la tumeur, au dessous du tissu donc nous venons de parler, étaient dilatées, flexueuses, bosselées, ici très larges, là très étroites, pleines de sang caillé, ou d’une humeur blanche et épaisse. L’artère temporale depuis son origine, jusque vers le milieu de la tempe, avait éprouvé une simple dilatation.... Plus haut l’artère temporale, et ses diverses branches, étaient bosselées, flexueuses, grosses, et rouges.*” His remarks on the occipital branches are to the same effect.

“Mr. John Bell describes aneurism by anastomosis, to which the disease under consideration has most affinity, to be “a congeries of active arteries absorbing veins and intermediate cells.”

Now, in the tumor which I have attempted to describe, there were no cells, no parenchyma as in the spleen, the bulk of the tumor was formed almost entirely by convoluted dilated arterial *trunks*, the veins being but little changed from their healthy state. These arteries did not appear to communicate more freely than by their ordinary inosculation; and in the less prominent parts of the swelling, they had more of the appearance of the contorted vessels of the gravid uterus, as represented in Tiedemann’s beautiful plate, than any other anatomical comparison I can give. Mr. Abernethy* evidently alludes to this disease when he says, while speaking of *nævus*, “for this preternatural enlargement of vessels is not always cutaneous. I have seen it occupying the whole substance of the cheek, neither appearing beneath the skin nor the membrane of the mouth. I have seen it in the orbit,” &c. The cases reported by Messrs. Travers and Dalrymple, in the *London Med. Chir. Trans.* vol. ii. [and vi., in which the carotid artery was tied for pulsating tumors of the orbit, appear to have been of this description.

“I have made these remarks and extracts because I conceive there exists a pulsating tumor composed entirely of dilated and convoluted arteries, whose inosculation and interlacements are not more numerous than usual, only they become more apparent from their increased size. That this tumor may occupy a great extent of surface, such as the side of the head, the neck, or arm, from its following in a continuous manner the course of the arteries. That the term aneurism by anastomosis is not very applicable to it; and that from the advanced age of many of the persons in whom this disease has been met with, its congenital nature is more than doubtful, although Boyer, Pelletan, and others are of this opinion. Whether, in the case of Maclure, the vessels were *perfectly* sound at the period of opening the temporal artery, may admit a doubt. The difficulty of curing the small aneurismal tumor favours this doubt:—yet there certainly existed no obvious trace of enlargement of these vessels to lead to this conclusion. In explanation of this remark it may be necessary to state that the artery was opened by myself. The opening of the temporal artery, however, probably operated

* *Traité des Mal. Chir.* tome ii. p. 295.

* *Surgical Works*, vol. ii. p. 225.

as an exciting cause on vessels already disposed to disease."

The above case is very interesting, more especially at the present moment, in connection with that which was operated upon by Mr. Wardrop some little time ago, and which was recently the subject of a post mortem examination at the Middlesex Hospital. These two cases, with that related by Pelletan in his *Clinique Chirurgicale*, are instances of the same diseased state, consisting of the dilatation of one or more branches of an arterial trunk, not in any respect like that of aneurism, or limited to one point of the vessel, but occupying the *whole extent* of a branch, or all the branches of one trunk. It resembles, in this respect, the diseased condition of the venous system constituting varicose veins, and also in the following circumstances, that the artery or arteries, as they dilate, progressively lengthen and form convolutions coiling upon themselves, and presenting externally an irregular tumor, not unlike (with the exception of pulsation) that of a varicose vein. This resemblance is such, and the appearance of an artery so diseased, with reference to that of a healthy artery, is so analogous to that of a varicose vein to a healthy vein, that we have been led to apply the term VARICOSE ARTERY, to designate the disease in question: a name which seems to us nearly unexceptionable, being sufficiently characteristic, and conveying a very definite and intelligible idea of the nature of the affection in contradistinction to that of "pulsating tumor," which has been applied to it.* As to the difference of varicose artery from what has been described as aneurism by anastomosis, the former is a disease seated in the middle-sized trunks, and in the branches of the arterial system, the latter is a disease of its capillary extremities; what the one disease consists in is evident to the senses, and has been the subject of examination; what constitutes the other we are ignorant, or at least it is still a matter merely of surmise.

In regard to the treatment of varicose arteries, we have mentioned in what respect, and how essentially, this disease differs from aneurism, properly so called, and that by anastomosis; it is, therefore, not to be wondered at that the princi-

ples of treatment adopted in these should neither of them be found quite applicable. We have here no single sac, where, upon tying the vessel supplying it, the blood contained therein stagnates and coagulates, and the artery becomes obliterated at *this* point. On the other hand, we have an artery or arteries, dilated for a considerable extent of their course, where there is no distinct sac and no stagnation of blood, but where this fluid is constantly circulating, and where the only effect of the application of a ligature to the trunk supplying the diseased branches is to interrupt for a time the circulation through them, but where no blood remaining in them to coagulate, no permanent obstacle to the circulation is formed; and the arteries, therefore, again become filled, and the disease resumes its activity so soon as the collateral circulation is established. With regard to excision of the diseased artery, there can be no doubt that this would be the most effectual mode of treatment, but it is obviously one which can seldom be applicable—from the great extent to which the disease has proceeded before relief is sought—from the few situations in which it would be practicable,—and, what is of still greater importance, from the difficulty, if not the impossibility, of determining where the diseased condition commences or terminates. In Pelletan's case, when he cut down upon the trunk of the temporal artery at the zygoma, with a view of tying it, and of course with no idea that it was otherwise than healthy, he distinctly states that he found it greatly dilated at this point; which circumstance is given by him as an apology for his having pierced it with the aneurism needle. It will be seen that Dr. MacLachlan likewise, unexpectedly, found the trunk of the temporal artery, at this point, to participate in the morbid dilatation; and it is not clear to us that, even in the case of Nowlan, the trunk of the temporal artery was healthy, both from what occurred on the attempt at operation at this point, from the farther progress of the case, and from the appearances on dissection. It will be evident that the difficulty of previously ascertaining the real condition of the main *branch* in the vicinity of the disease, presents an equal objection to the treatment by ligature of the vessel which gives off the dilated branches.

These remarks, however, do not ap-

* The term varicose was applied to a vein merely from appearances, and without reference to the condition of its coat.

ply to the main *trunk* at a greater distance from the disease, as for instance to the carotid, which was found to be healthy in the cases of Mr. Wardrop and Dr. Maclachlan; but we have already given other reasons for not anticipating a favourable result from a ligature applied to it.

AGUE.

To the Editor of the London Medical Gazette.

Sir,

THE opinion that an attack of intermittent fever would dislodge other and less manageable disease, originated neither with the late Dr. James Sims, nor with that shrewd, though superstitious monarch, Louis XI. It is probable that a similar belief was not uncommon among medical men of learning during that long and lamentable period in the history of our science, when a blind addiction to the authority of the ancients precluded all unprejudiced or rational observation of the phenomena of health and disease. The notion may at least claim the sanction of sufficient antiquity, for it has been handed down to us by the father of physic himself, who tells us, in the 57th aphorism of his 4th section, Ὑπὸ σπασμῶ, ἢ τετάνυσ ἐνοχλαμένῳ, πυρετὸς ἐπιγενομένος λύει τὸ νόσημα. And again in the 5th aphorism of the 5th section, Ἦν μεθύων ἐξαίφνης ἄφρωνος τις γένηται, σπασθεὶς ἀποθνήσκει, ἢν μὴ πυρετὸς ἐπιλαβῇ, ἢ ἐς τὴν ὥρην ἐλθὼν, καθ' ἣν αἱ κραιπαλαὶ λύονται, φθίγγεται.

Celsus, also, in his excellent digest of the medical knowledge of his time, preserves the same doctrine, with some apparent astonishment that it should be true. "Denique," he says, "ipsa febris, quod maximè mirum videri potest, sæpe præsidio est." And he then proceeds to enumerate certain complaints, to which this peculiar kind of cure, if so it may be called, is appropriate.

From the perils of which of the two conditions of epilepsy and intoxication mentioned by Hippocrates, the monarch and the doctor were desirous of protecting themselves by a course of intermittent fever, you, sir, probably know better than I do. I well remember, however, the following curious cases in point, which were related some years since in one of his Clinical Lectures, by

Dr. Graham, the Professor of Botany in the University of Edinburgh. A brother of the lecturer was intimate with the gentleman at that time (and, for aught I know, at present) Professor of Natural History at Cremona, who, being determined to put the truth of the first aphorism which I have quoted to the test, sent a patient afflicted with epilepsy to pass a night or two in a marshy place, where the malaria was known to be so abundant and so powerful, that few escaped ague who were there exposed to its influence. The twofold design succeeded admirably; the patient got an ague, and lost his epilepsy. The worthy professor contented himself with moderating and keeping in check the complaint thus intentionally produced, for a period of six months, when he administered its *coup de grâce* in a few doses of Peruvian bark, and the epilepsy never returned.

Another person, in precisely similar circumstances, was afterwards treated in the same way, and, up to a certain point, with similar success. In this case, however, the epileptic fits recurred after an interval of two years. This last patient was seen by Dr. Graham's brother himself; and the particulars of the former case were related to him by his friend, the Cremona professor.

S. J.

MR. STANLEY'S CASE.

To the Editors of the London Medical Gazette.

Gentlemen,

I WAS present during the whole of the trial in the case of Rolfe *versus* Stanley, and I have no hesitation in declaring my opinion against the propriety of the verdict. It is clear from the complexity of that instrument of justice, a court of law, that a wrong judgment may be delivered upon a matter of medical science from the derangement of any of its individual parts. Neither the judge, counsel, nor jury, had at the breaking up of the court the slightest idea of the nature of the case which had been tried. They neither knew the fact whether the capsule of the joint had been pierced, nor the effect of such an accident. They had no conception, that if it had taken place, the plaintiff was

extremely fortunate in escaping with his life, much more with a flexible joint. It is no doubt a great hardship that the members of our profession have to submit their characters to such a tribunal. What a contrast did this trial present between the two learned professions of law and medicine. The one actuated by the most honourable feelings, and an earnest wish to put the court in a situation to judge of the points at issue; and some members of the other endeavouring to obscure the plainest evidence; to introduce abstract questions, and to apply them to the circumstances of the case, stating what was not in evidence, and acting on the prejudices of their hearers.

If it be said that it is necessary for the ends of justice that a counsel shall place himself in the situation of his client, participate in his feelings of irritation, enter into all his sentiments, and exercise his practised ingenuity to the utmost to disguise the truth, addressing himself, not to the plain sense of a jury, but taking advantage of their unavoidable ignorance of a professional question; I say, if all this be necessary, then is the office of a judge, who has to hold the balance even, important indeed. Not only ought he to be capable of forming a correct opinion, but he ought likewise to possess energy and physical strength to make his sentiments both heard and felt by the jury.

But what is the matter of fact? After an eloquent and impassioned speech addressed to men still fresh, and open to be impressed by pointed and forcible statements, made with all the energy of seeming indignation and virtue, the judge proceeds to his task, and putting his spectacles on his nose and burying his face among his papers begins to read over the evidence, already too tedious, in an indistinct voice and in a crowded and noisy court, occasionally parenthetically, and in a low tone of voice, murmuring out an observation as if he were communing with himself, thus leaving the jury fully impressed with the statements of the plaintiff's counsel. The only reason we can assign for the verdict being in opposition to the sensible though languid address of the judge, is, that the jury were tired and inattentive, or, in fact, did not hear it, owing to the continual call to "silence in the court."

Mr. Stanley brought down the first authorities of the profession, who stated

that, viewing the circumstances, not retrospectively but as they occurred, the mistake was a natural one, *and the practice the best adapted for the patient's safety*. They stated unequivocally, that the first duty of the surgeon in such a case was to keep the capsule entire if possible; that he was right not to cut down upon any body merely on the possibility of its being a piece of stone. What the effect of this evidence upon honest men ought to have been is obvious; but observe the train of reasoning adopted? Gentlemen of the jury, will you allow your important and sacred duties to be thus usurped? will you allow a set of medical men to come into this court and act as jurymen in this cause, making you ciphers and of no consequence at all? You are to judge here, not they; and we hope you will act with sufficient spirit. Vindicate yourselves as a jury of Englishmen, and reject the evidence of these gentlemen, who it is apparent were of one mind before they came into the court.

It is pretty clear what the learned counsel thought of the capacity of those whom he was addressing; and thus Mr. Stanley, with a natural confidence in the propriety of his conduct, calls in the evidence of the highest men of his profession, and that which ought to have secured his vindication, proved, from untoward circumstances, the cause of his defeat.

Yours,

ONE WHO WAS PRESENT.

MEDICAL GAZETTE.

Saturday, February 23, 1828.

"Licet omnibus, licet etiam mihi dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

ROLFE *versus* STANLEY.

LAST week a cause in which all medical men will feel interest, was tried in the Court of Common Pleas. The particulars are as follows: Mr. Rolfe, the son of a tailor in Dean Street, Soho, fell from his horse and bruised his knee. A general practitioner, who

lived in the neighbourhood where the accident happened, having washed and dressed the part, conveyed the patient home, but feeling some doubt and anxiety about the nature and result of the injury, he consulted Mr. Stanley, one of the surgeons of St. Bartholomew's Hospital, and joint lecturer with Mr. Abernethy on Anatomy and Surgery, a gentleman well known throughout our profession for that combination of zeal, talent, and information, so necessary for a teacher in so eminent a medical school. When Mr. Stanley examined the knee, some hours had elapsed since the accident; the part was much swelled; there were two wounds below the knee; and about an inch and a half from the nearest, on one side of the knee-pan, a hard body, about the size of a nutmeg, could be felt deep under the skin. It must have been one of two things, either a foreign body from without which had penetrated through the wounds, or a piece of bone which had been chipped off from the knee-pan, or from the adjoining condyle of the femur.

The latter appeared to Mr. Stanley to be most probable, and under this idea his treatment was correct. But it was a piece of flint; and supposing this to have been ascertained at the time, what was to be done? The foreign body had penetrated so far, as to render it probable that it had pierced the capsule, and entered the joint. Now to have followed it here with a view to its extraction, would have led to such interference with the parts, as must have been attended with a great aggravation of the danger. So that in either case the treatment adopted was the only one admissible under the circumstances; because wounds of the knee-joint are always extremely hazardous; a hazard which is much increased by all unnecessary disturbance of the parts.

But supposing Mr. Stanley had known that it was an extraneous body, it was not near the surface, but had every appearance of being deeply seated, probably under the fascia, and a

force capable of driving it in, an inch and a half beyond the wound, would likewise have been capable of driving it deep. It was like a bullet in a gunshot wound, and it is settled practice in such wounds, that it is bad surgery with probe and knife to grope after the bullet. "The extraction of foreign bodies," says Mr. Samuel Cooper, "ranks as one of the most urgent motives for the dilatation of the wound, and no doubt it is right to remove at first as many of them as possible. Their lodgement irritates the wound, causes violent nervous and inflammatory symptoms, and copious suppuration, circumstances which the timely extraction of them may prevent. Yet let it be remembered, that the extraction of foreign bodies is frequently attended with immense irritation, and that while they lie too firmly fixed in parts, it is often a matter of impossibility. After the sloughs have separated, and the wound has become widened, suppuration frequently does not prevail long before the extraneous substances become loose, spontaneously approach the skin, and easily admit of removal without any dilatation. Hence it is generally prudent to extract at first only such foreign bodies as are near the external opening quite loose, and removable without much irritation; or such as press on parts of importance, and thereby excite dangerous symptoms. The surgeon should avoid interfering with those which are deeply and firmly lodged in the wound. He should await suppuration, and the detachment of sloughs, and when the foreign bodies become movable and apparent, he should extract them with or without an incision, as circumstances may demand. The examination of the wound ought to be made as much as possible with the finger, which irritates less, and feels more distinctly than a probe."*

Mr. Abernethy, speaking on the same subject, says, "It is very impertinent and injurious to be searching after bullets; the common prejudice is all on the other side of the question; the patient

will say, 'What! have you not extracted the bullet yet? Oh, how much I wish it out.' Indeed, we meet with it in almost every novel, that Sir Harry Somebody has fought a duel, and has been shot, but the bullet has been extracted, and hopes are entertained of his recovery; as if the hopes of his recovery all depended upon the extraction of the ball. Now I have been in the habit of mentioning a case here, to show the inutility of searching for bullets. Sir Ralph Abercrombie received a musket shot on the upper part of the thigh-bone; the ball penetrated through the muscles, fascia, and so on, and lodged in the upper part of the trochanter major; the surgeons were very anxious to extract the ball, and made many attempts to do so, enlarged the wound, and probed and searched for the ball; however, they did not extract it, and the General on his passage home died." [The wounds made in searching after the ball became affected with erysipelatous inflammation, and thus occasioned death.] "The surgeon of the ship, after he was dead, examined the wound, and found the ball sticking so firmly in the trochanter major, that he was absolutely obliged to remove a portion of the bone with a trephine before he could get it out." Even, therefore, if it had been known that the foreign body was a stone, it would have been hazardous practice to have probed for it and cut it out. The result of the case is surely in favour of the gentler treatment. The tailor is alive and well, and can bend his knee. The result of the opposite practice might have been an opening into the joint, inflammation and destruction of it, loss of limb or loss of life.

Mr. Stanley pursued the former practice. A splint was applied to prevent the motion of the joint, and the best remedies were employed for subduing inflammation. The inflammation subsided, leaving the knee, however, somewhat swelled, and the hard body still to be felt under the skin. At this period the patient went for the recovery of his health to Hammersmith; an im-

prudent use of his limb (he went to the Duke of York's funeral) occasioned a return of inflammation; and Mr. Lilly, a general practitioner, was consulted ten months after the accident. This gentleman, when he first examined the knee, had no suspicion of what the hard body really was; he, like Mr. Stanley, supposed it to be a broken portion of bone; and it was not till he had attended the patient two months, and then only because the skin broke, that he discovered its real nature. Hereupon he enlarged the new opening in the skin, and extracted a flint about the size of a nutmeg; two smaller fragments were also removed, the opening soon healed, the swelling of the knee subsided, the patient recovered the possession of his health, and the use of his limb, so that he can now sit cross-legged on his father's board. But, thinking that Mr. Stanley ought to have detected the nature of the hard body and removed it, and that if this had been done, he should have been saved several months of suffering and disability, he commences a suit against him for unskilful treatment, and the cause was tried on Wednesday the 13th of this month. Mr. Cross was employed for the plaintiff, Mr. Sergeant Taddy for Mr. Stanley, and Judge Burrough presided. Sir Astley Cooper, Mr. Abernethy, Mr. Bell, Mr. Brodie, Mr. Travers, and Mr. Green, were subpoenaed by Mr. Stanley, and testified the high opinion they entertained of his ability and knowledge in his profession; and that if they had been consulted about the case, they should have formed the same opinion, and employed the same treatment. The only medical men examined on the side of the plaintiff were the two general practitioners, the one who was called to him on the first occurrence of the accident, and who stated that Mr. Stanley examined the knee with the utmost degree of attention, and the other who extracted the flint; and this gentleman acknowledged that when he first saw the knee he concluded that the hard body was a piece

of bone, and that he did not suspect what it was till two months afterwards, when the skin gave way, and uncovered it.

Thus, although an error was certainly committed in the original opinion of Mr. Stanley, yet there was uniform and overwhelming evidence that this error was not the result of that neglect, or that ignorance which the law of the land considers an object of punishment, but was such as any man, even the most eminent surgeon, might, and in fact does, occasionally commit. There was evidence, moreover, that this error did not in the slightest degree alter the result of the case; for had Mr. Stanley known from the beginning that the hard body was a piece of flint, he would not have interfered with it. Judge Burrough summed up to this effect, and almost every body in court so fully anticipated that the plaintiff would be nonsuited, that the reporters of the evening papers, who left the court before the verdict was returned, ventured to publish it as given in favour of the defendant; but to the astonishment of every one the jury retired, and after being absent an hour returned a verdict of 30*l.* damages against Mr. Stanley.

An eminent counsellor being consulted about a claim, wrote as follows: "I am clearly of opinion that there is no claim either in equity or law, but as it is impossible to tell how the evidence may impress a jury, I advise it to be tried." And an eminent equity judge once said in our hearing, "I think I had better decide rather than send the question to the toss up of a jury." So much for the boasted trial by jury, far more valuable as a means of protecting the liberty of the subject against the oppressions of government, than a means of insuring justice between man and man.

On the unexpected and extraordinary result of this trial we shall say nothing to the barristers* and the

judge, because the former confined themselves to their duty, and the latter performed his; but what shall we say to the plaintiff, the jury, the law, and the public? We will grant what there is no doubt about, that Mr. Stanley's opinion with regard to the nature of the foreign body turned out to be erroneous; and we will grant also, although there is absolute proof to the contrary, that the error of opinion occasioned an error of practice, and thus led to the suffering and disability of the patient; and then we will ask, whether it is just that the medical should be the only one of the learned professions in which an error of judgment is punishable by law? A statesman may commit blunders in the management of the currency, and by so doing raise such a hurricane in the commercial world as strips thousands of the most opulent bare to the very branches, and reduces them for life to poverty and wretchedness. A clergyman, from preferring dining out and fox-hunting to his parochial duties, or even a well-meaning priest, for want of a "searching and awakening" power in his discourses, may so neglect or misconduct his spiritual duties that his parish abounds in immorality and thoughtlessness, and shoals of souls are lost for want of proper and penetrating instruction in religion. A barrister, from ignorance of his brief, or want of zeal in his cause, from ignorance of law, or from defective powers of statement, may lose a cause which a more zealous, learned, or eloquent counsel might have gained. In all these cases the error is punished only by the censure of those who suffer from it, or whose minds happen to be directed to it; but if a tailor tumbles from his horse and gets a flint into his knee, and the surgeon mistakes the flint for a piece of bone, he is prosecuted for the error of opinion, though it leads to no error of practice, and twelve men, who know no more on the subject than they do about the philosopher's stone, condemn him to a heavy fine. Do the public suppose that medicine is so much easier than legislation,

* Mr. Cross talked a great deal of nonsense about the splints being put on to compress the supposed piece of bone against that from which it had been broken, whereas they were applied, as they always are, to prevent the motion of the joint.

theology, and law, that physicians and surgeons ought to be always right, or if occasionally wrong, they can be so only from carelessness, or ignorance so gross as to deserve legal punishment?

On the contrary, the public ought to know that it is so difficult that it has been emphatically called "a conjectural art," and that no human being, whatever may be his attention, knowledge, and judgment, but must sometimes err, and the error may involve health, and even life. It not only is so now, but it must continue so, as long as man is man, and human nature is liable to erroneous opinions. For many years we have had frequent intercourse with the most eminent physicians and surgeons of our time, some dead, others still alive, and have observed them engaged in their practical duties, in the sick room by the bed-side, over one or other of those bodily afflictions which it is our painful lot to live among, and which we exert our best efforts to relieve; and we do not remember one among them, however high his eminence, or great his knowledge, who has not been sometimes wrong, and thus occasioned more or less injury to the patient. Our profession brings enough of toil and of anxiety without the additional evil of being liable to legal prosecutions. Of all the learned professions, or to speak more generally, of all the pursuits in which learning or science is applied to practical purposes, the medical profession is the most oppressed by the public and the law. We are persecuted in the prosecution of our anatomical studies; imprisoned or fined for procuring dead bodies by stealth, although we have no other mode of obtaining them; and then if we commit an error in the practice of our profession for want of this knowledge, we are held up in a court of justice to the gaze of the public, clawed by some tiger of a barrister, and heavily fined. Thus we are punished for the pursuit of knowledge, and then punished for the want of it. In eastern countries, if the patient dies they cut off the doc-

tor's head. In England, they leave his head upon his shoulders, but they cut up his reputation, which is almost as bad.

The circumstances of changing our printer, and the length of the trial for libel, (an account of which we have thought it right to lay before our readers) have led to some unavoidable omissions in the present Number; the usual arrangement will be resumed next week.

We have to apologize to Drs. Yeats, Baron, and Chambers, who were last week so unceremoniously deprived of their degrees. The wrapper is left to the discretion of the printer.

ANALYSES AND NOTICES OF BOOKS.

"L'Auteur se tue à alonger ce que le lecteur se tue à abréger."—D'ALEMBERT.

Malaria, an Essay on the Production and Propagation of this Poison, and on the Nature and Localities of the Places by which it is produced, with an Enumeration of the Diseases caused by it, and of the Means of diminishing or preventing them, &c. &c. By JOHN MACCULLOCH, M.D. F.R.S. London, 1827. 8vo. pp. 480.

(Concluded from page 320.)

WE now come to an intricate question. How are we to account for the present insalubrity of Rome, formerly so flourishing? and for the fact, that an immense territory around it is now a desert, uninhabited from its pestilential character, although in former ages crowded with cities, towns, hamlets, and their powerful population. Dr. Macculloch offers several explanations, many very ingenious. He observes, that the ancient Romans seemed to have been aware of the power of woods to screen off the malaria of a distance—hence the sacred character they gave to groves: these woods, however, with which the Campagna of Rome formerly abounded, are now destroyed; many quite in modern times, with a consequent progress of the malaria obvious to all. Agriculture is also now quite neglected, though that

speedily removes malaria. The geological character of the country is also, no doubt, considerably changed, by the continual action of decomposition, and of the influx of rivers and floods. The first great change appears to have taken place after the invasion of Attila, when the Tiber burst its banks, and the Campagna became a marsh. But there is no doubt that ancient Rome was, in fact, much more unhealthy than has been usually supposed, as may be seen in the writings of Livy, Plutarch, &c., and that the diseases were believed at the time to be caused by the marshes, is proved by their frequent attempts to drain them.

There is no doubt but that great changes have taken place in the production of malaria by various causes—some artificial, others natural. The drainage of marshes for agricultural purposes has been perhaps the most common as well as most readily acknowledged. But still this has rarely been completely effectual in eradicating malaria, because a drainage sufficient for agriculture is not sufficient for health; and the ditches and drains themselves are often apparently keeping up the effect, as are also a few swampy or boggy spots, which, from the inequality of ground, are not to be reached by the drains. These circumstances are, perhaps, the real causes of the unhealthy condition of the Campagna of Rome, as the soil itself is tolerably dry in general.

These facts being allowed, it becomes of great importance that drainage should be complete, and especially that the ditches and canals should be kept free from vegetable matters.

Again, great changes take place in other ways; and places, before healthy, become loaded with malaria. This happens in the instance of inundations, either by rivers or breaches of sea walls, over previously dry soil. It also happens by the alteration in the water of lakes and inland seas, as the Caspian, by the evaporation of summer, so that an unhealthy surface is exposed, which was formerly kept covered. The author even believes that in all rivers, the constant stream of alluvial matter brought down with the water, fills up the bottom, inundations are prevented by embankments, and the bottom keeps rising and rising, till the bed of the river is absolutely higher than the surface of the surrounding country, and

consequently no drainage can take place; and it becomes a marsh, generating malaria where none was before.

Such changes are the causes of the various revolutions in public health which have been recorded: and in some districts these changes from salubrity to pestilence have been nearly sudden, often from the alteration in the comparative levels of earth and water caused by earthquakes or volcanic eruptions. Similar effects have been sometimes brought about by the shifting of immense tracts of sand. Where the malaria arises from woody districts, or jungles, burning them down is an effectual remedy; and where it did not exist before, and has been generated by the removal of woods, fresh ones should be immediately planted.

Most of the changes, however, in malaria have taken place as to its propagation, rather than its production. Whatever it really may be, we only know it as combined with the atmosphere, and therefore subject to those laws which govern the motions of the air, though probably depending on other circumstances also, amongst which, temperature perhaps is the most decided. Proximity is one of the most easily acknowledged means of being affected by malaria; and it is therefore of importance that those places should not be selected for encampments, for permanent barracks, or for building towns, which are near suspected places; yet this caution has been constantly neglected even of late years, and many settlements have been colonized to be the graves of the adventurers, and many armies cut off nearly to a man. The instances are familiar to all, but have too often been overlooked and despised, instead of being made guides and warnings for future conduct. They have generally arisen from neglect or obstinacy; the obstinacy of ignorance which cannot learn, or of conceit, which will not. As malaria is often carried away to a distance from the immediate spot by winds, and this at certain seasons only, if the winds are periodical, many variations in the healthiness of districts may be accounted for. Warm southern winds often seem to convey disease, when passing across marshy spots to higher and distant places, when colder northern winds do not. When a sea-coast produces malaria, sea breezes will carry it up the vallies, producing fever, whilst land breezes will have the oppo-

site effect. Here we should plant screens of trees across, to intercept the sea winds. Again, when malaria is confined between woods or hills, where there is little ventilation, it appears to become more virulent by what may be termed its condensation; in the former case the trees may be cut down, but of course we have no remedy for ventilating vallies, and must only avoid them. There are some facts relating to malaria perfectly inexplicable by our present knowledge. For instance, in Rome, and at Messina, one side of a street or a garden is afflicted with malaria, and the opposite side exempt. Between Chatham and Feversham, for about twenty miles, ague is quite common on the left hand side of the road and is unknown on the right; whilst the marsh which produces the malaria is full a mile distant on the left. In general, malaria seems to exist near the level of the earth, and people who sleep in the upper stories of a house escape the fever which attacks those who are below; but there are places on the coast of Norfolk where it is exactly the reverse of this. Odours, and the matter of contagion, are more easily conveyed by a moist atmosphere, and from analogy, therefore, we may suppose malaria is also; and this may be the real explanation of what is often stated as a medical fact, *viz.* that the body is more susceptible of disease in a moist atmosphere. Fogs are often thought to be the sources of disease as simple fogs, when it is probably the malaria contained in the fog which is the poison; thus the fogs or clouds on mountains are not pestilential, whilst those of marshes, &c., in sufficient temperature, are so. Thus also morning and evening dews in warm climates are sources of disease, and travelling over the Pontine marshes is so pernicious after sunset or before sunrise. Sudden changes from a hot to a rainy season, and from a rainy to a hot, are perhaps the times at which malaria is generated in its greatest virulence; and it is thus that the rainy seasons in tropical climates are so dangerous, the ground every where becoming temporarily a marsh: whilst in all these cases, by the ignorant the disease is attributed to the cold, the rain, the night, &c., and not to the malaria. The great point in every instance is to avoid the causes, and especially avoid sleeping when exposed to them; as

universal experience points out that the body is then most susceptible of disease. Taking a hearty meal of digestible food, spirits before breakfast, opium and smoking tobacco are all useful auxiliaries in preventing the effects of malaria, as is daily proved in camps, provided that they are not used in excess, as then they even increase the danger, by enervating the frame. Fires are also preventives, by diminishing the moisture, and consequently the conducting power of the air, and promoting ventilation, besides improving the bodily condition of those exposed. Vegetable instead of animal food is commonly used by natives of tropical climates, and they avoid taking their meals in the middle of the day; a caution which ought to be attended to by European visitors, as it would probably form a great security against disease. It is too often the custom to transfer the gross habits of home without alteration to climates where they are entirely inappropriate.

Brocchi argues that the poison of malaria is received through the skin, and not by the lungs; and yet, in infected districts, it is considered universally that fever may be warded off by covering the mouth with a veil.

In regard to the distance which malaria may travel, conveyed by winds, or carried in the midst of fogs or clouds, the author does not think it possible that we can put any limits; five, six, or more miles are very common distances for fevers, or rather malaria, to be carried from shore to ships previously healthy, and its presence is perceptible by the smell of the land being recognised, when an experienced officer will at once put out farther to sea. On the eastern shores of England a succession of east winds will often be followed by the diseases of malaria; if in the spring, intermittents prevail, and it appears to the author that the malaria of Holland is carried over in the sea fogs by the east winds, as it is never brought in the sea fogs on the western coasts, when westerly winds prevail, nor on the northern, because there is no focus of malaria in those quarters, and yet in every other respect, as regards the vehicle of disease, the circumstances are the same. In French Flanders it is the south and south-west wind* which brings the

* Query—ought not this to be *north* and *north-west*? French Flanders is to the south of Holland.

agues and not the east, which is harmless, and even carries off the malaria. It may be said that the east wind of summer on the eastern coasts of England ought to bring the remittent fever, which it rarely does, but then it is a dry wind, which is not so good a medium for malaria as a moist one. The usual depressing effects on some individuals of an east wind are, in fact, according to Dr. Macculloch, the renewal, in a slight degree, of the fevers formerly produced perhaps in the same person, and causing his habitual sensitiveness, too often improperly decided as hypochondriacism. It is only in particular climates and situations that the east wind deserves its bad character, for in many countries it is perfectly healthy.

Why malaria in the spring should produce intermittents, and in autumn remittents, may be attributed to some modification either in the malaria itself or in the constitutions of the sufferers, occasioned by the difference in the temperature; Dr. Macculloch believes that the former is the case, though in dysentery he supposes that hot climates may so derange the biliary secretion as to induce the malaria to seize on the weak point. Quotidian and tertian intermittents rarely attack fresh subjects earlier than March, or later than May, in this country; a hot spring, after a wet mild winter, is more favourable to malaria than where violent frosts have put a more complete stop to vegetation. Why quartan intermittents are occasionally seen in autumn in the midst of remittents is, in the author's opinion, inexplicable.

Besides the variations of heat and moisture in seasons causing epidemics of a more virulent character than usual, and besides several of the other causes formerly enumerated which influence the generation or propagation of malaria, there are circumstances affecting the subjects themselves which dispose them more readily to receive impressions, and thus spread the epidemic. Bad harvests, anxiety from political changes, wars and consequent hardships, may be thus considered.

It is an opinion with some that in certain changes of the moon fevers are more readily produced. If this be true it may be explained thus: at the time of new and full moon the tides rise highest, and therefore a larger space of mud is left exposed to generate malaria.

By observation of geologists it is proved that the alluvial soil of the whole earth is on the constant increase; this soil is the most rich, productive, and populous. In time this increased population would, perhaps, be reduced to eat one another, were it not luckily the case that these alluvial lands are most productive of malaria, and nothing more effectually and rapidly thins over production.

The next chapter is occupied with the geography of malaria, but it is confessedly imperfect, and it will be unnecessary to trouble our readers with a dry enumeration of places, as sufficient will be gathered by referring to what has already been mentioned respecting the situations, climate, soil, &c., where malaria is produced. Dr. Macculloch seems to limit its production in general to countries where the mean temperature is about 45° , or upwards. For those who are travelling on the shores of the Mediterranean the author strongly recommends Captain Smyth's full and accurate statistical history of malaria. After reading the whole chapter it really appears that there are but very few spots in the world where if a man breathes to live he will long live to breathe.

Malaria seems to be produced by some peculiar vegetation in some peculiar state of decomposition, and under a certain high temperature, accompanied with a certain degree of moisture, but still what it is in itself we are ignorant of. Various have been the theories and various the investigations, but hitherto without any certain result. That malaria itself varies Dr. Macculloch thinks is proved by the difference in the diseases which it produces in different localities. Tertians prevail in Germany; quotidians in Italy; in Hungary petechiæ always accompany the marsh fever; the fevers of Holland are remarkably slow; those of the Pontine marshes quick in their progress. In Spain, Africa, and the West Indies, there is the black vomit and yellow skin; in South Wales, Persia, &c., there is neuralgia. The fevers of Walcheren affect the spleen, those of India the liver, &c.

The number and intensity of the diseases in general produced by malaria vary with the perniciousness of the district, and, perhaps, other circumstances just mentioned; but as a general statement, it will be sufficient to say that the effect of the poison on the inhabitants of such districts is, more or less, as

follows; but it must be remembered that in our own country these results are neither so severe nor so extensive.

The race of inhabitants gradually deteriorates, the stature becomes reduced, deformities are frequent, and the bones are spongy and rickety. Nothing is more striking than the prematurely old and wrinkled look which even children early obtain, and personal beauty is nearly extinct. The intellect and the spirits are equally lowered with the body, and they seem sunk in apathy which nothing can rouse, whilst their moral qualities are equally debased; all their vices being of a mean and not a bold character. The skin is sallow, yellowish, and even livid. There is often œdema, and the muscles are soft and flabby. The hair is weak and pale, the beard thin, and the eyes are dull, languid, and often yellow. The legs are emaciated, whilst the abdomen is enlarged, and the very form of the liver can often be traced by the eye externally. On dissection, various diseased structures are found in the spleen, liver, mesenteric glands, and the whole lymphatic system, with water in the cellular membrane. From thirty-five to fifty is the age which most suffers, and if the persons survive this, they often seem to become healthy and longlived. Of the real diseases, fevers, continuous, remitting, or intermitting, are the most universal, and along with diarrhœa, cholera, and dysentery, form the list of acute diseases caused by malaria. As chronic diseases, partly, perhaps, consequences of some of the others, there may be mentioned apoplexy, palsy, visceral obstructions, and dropsy, mesenteric affections, worms, ulcers of the legs, and even elephantiasis; together with rickets, scrofula, phthisis, chlorosis, scurvy, and the pellagra, as well as a sort of bronchocele, varices, hernia, angina, catarrh, asthma, dyspepsia of a very aggravated form, and œdema of the lungs. Many of these the author gives only on the report of others, but from his own experience he adds to the above long list many painful affections of the character of neuralgia, as sciatica, tic douloureux, toothache, headache, of a remittent or intermittent character, &c. These complaints, he observes, are now daily increasing, and often most difficult to cure. The waste of human life is quite appalling in districts where malaria abounds, but from the general richness of the soil, labourers are found

in abundance from other parts. Marriages are as frequent as well can be, and widowhoods, though often occurring, rarely last long; three brothers in Bresse are said to have married fifteen women between them. The survivors are generally the natives of the soil, and the sufferers emigrants from more healthy neighbourhoods. The mean annual mortality in these districts gives an average of from eighteen to twenty-five years of life, whilst in countries not subject to malaria, forty-five and upwards is the result; in the former situations the deaths always exceed the births, and a man rarely lives beyond forty or fifty; according to Jackson, it is rare for them to reach even twenty-one in Petersborough in Virginia.

It is a curious fact that the cattle of these places do not thrive well, and are affected with epidemic diseases, and on dissection it is found that the same visceral alteration has taken place in them as in man, and their epidemics exist most at the seasons when malaria is most prevalent. It is a popular opinion that these diseases arise from the animals' feeding on certain plants, but it must be remarked, that these same plants are natives of marshy soils. The rot occurs among sheep fed on wet lands, and we may add that real intermittents have been seen in cattle. Dr. Macculloch terminates the volume by arguing that malaria must be the sole cause of the remittents and agues of spring and autumn, because these fevers only appear then, and malaria is only generated then, whereas all the other causes of the above fevers are constantly existing. This argument will do, perhaps, for the fevers, but it directly goes against the supposition that malaria produces nearly all the other diseases enumerated, since they are of constant occurrence, whereas the supposed cause only exists in certain seasons.

In conclusion, we may remark that, whilst others have, perhaps, too much neglected malaria, the doctor seems to have put aside all other causes of disease; he even attributes the phrenitis, supposed to occur from a *coup de soleil*, to his favourite hobby. He acknowledges that he may appear too much of an alarmist, and has evidently worked himself up to expect abundance of ridicule and abuse from those who, as he quaintly expresses it, still will "persist in eating the wrong end of their asparagus." Far be it from us to

slight the valuable matter contained in the volume, for we fully agree with the author, that it is the safest error both to adopt his opinion and to act upon it. We cannot close, however, without remarking that Dr. Macculloch is constantly touching on the confines of interesting subjects, but does not go deeper into them, from alleged want of room, and yet the book abounds with needless repetitions.

COURT OF KING'S BENCH.

MONDAY.

[Sittings before Lord TENTERDEN and Special Juries.]

LIBEL.

MACLEOD v. WAKLEY.

SIR JAMES SCARLETT for the plaintiff.—This was an action brought to recover damages on account of a libel published by the defendant against the plaintiff. The plaintiff was editor of a publication called the *London Medical and Physical Journal*, and the defendant was the editor of a publication called the *Lancet*. The object of the plaintiff, who was a physician and member of the London College of Physicians, was to notice in his work the new medical publications and cases as they appeared from time to time, in order to circulate new discoveries and improvements in medical science among practitioners as speedily as possible. He was a most respectable man, eminent as a lecturer, and who had been practising for the last twelve years in London. In one of the numbers of the *Medical Journal* for 1825, the plaintiff had noticed a successful attempt of Mr. Wardrop, a surgeon, who had effected a cure of a case of aneurism by tying the carotid artery beyond the tumor—an experiment which had been tried before by Sir Astley Cooper and others, but without success. In 1826 or 1827, Mr. Wardrop himself published in the *Lancet* another case, in which he had effected a cure in the same manner, and the patient recovered. This patient, however, soon after died, and then the proper dissection took place at an hospital, to ascertain the cause of the death. In the course of this dissection, it was discovered that the carotid artery was pervious throughout, and that in point of fact there was no aneurism; that the artery had not been tied at all, but something else instead of it, which might happen in the hands of the most skilful surgeon; and that the patient had died of some other disease, totally unconnected with aneurism. This second case also the plaintiff noticed in one of the numbers of his *Journal* for 1827. The first

case the plaintiff had noticed with commendation, and merely stated that the second case was not of the description which it had at first been supposed to be. It would be for the jury to say, whether any thing that Dr. Macleod had said called for the attack which had been made upon him in the 194th number of the *Lancet*, page 215. In the first place, the jury would observe, that the libel was founded on the assertion of a direct falsehood, for the defendant had assumed that the plaintiff had never noticed the cases of Mr. Wardrop till 1827, which would be irrefragably proved to be a falsehood. The title *Lancet* appeared to refer to scarification, and certainly it had freely employed the scarificator in its comments on the *Medical and Physical Journal*. It did, it appears, sometimes happen, as he knew from his experience in courts of justice, that reviewers either did not read the publications which they criticised, or wilfully misrepresented them, as had happened in the case of a review of a book of Travels in Asia Minor, in which it clearly appeared that the reviewer had never read the work which he was reviewing, or that he had wilfully misrepresented it; and this was the situation in which the editor of the *Lancet* stood; and from that dilemma he could not escape. He had charged Dr. Macleod with hating the general practitioners in the healing art. This was a most foul imputation, and one which might be extremely injurious to Dr. Macleod. The charge was absolutely monstrous, and was itself a proof of the spite and malice of the defendant against the plaintiff. Then he charged him with detestable practice and editorial duplicity, and affected throughout to treat him with the greatest contempt. Here then was a tissue of foul charges by the defendant against the plaintiff, resting on the foundation of a gross falsehood. The evidence of malice was clear; but if the jury could entertain any doubt as to the malicious feeling of the defendant, he would set that doubt at rest by reading to them a passage from the *Lancet* of Saturday last.

Mr. BROUGHAM objected to the reading of any thing that had been published in the *Lancet* subsequent to the joining of the issue in this case.

Sir JAMES SCARLETT was convinced that it might be given in evidence.

Lord TENTERDEN was not at the moment prepared to say that it might not go to the jury, as evidence of intention.

Sir JAMES SCARLETT then read the libel, upon which he had been commenting, and which was in these terms:—

“We must again return to the April number, for the purpose of noticing two papers which refer to the recent operations for the cure of carotid aneurism, by tying the vessel beyond the tumor. The first case successfully treated after this method,

was published by Mr. Wardrop, in Part I. vol. xiii. of the *Medico-Chirurgical Transactions* on the 5th of July, 1825, and was copied into the *Lancet* of December 31st, 1825; the second case, treated by Mr. Wardrop, appeared originally in the *Lancet*, December 23, 1826; the third case, treated by Mr. Lambert, was published in this *Journal* of March 24, 1827; during the whole of which period, not one word had been said of these most important operations in the *Yellow Journal*, by that exceedingly sagacious, active, and intelligent editor, Roderick Macleod. But on the 23d of March, the subject of Mr. Wardrop's second operation having died from an enormous hypertrophy of the heart, Roderick, in his April number, presents his readers with his *first* notice of either of these operations, in the following account of what he calls the 'dissection' of the body. This account we will here insert, italics, capitals, and all; in fact, without altering either word or letter:—

“ ‘Dissection of one of the Cases of Aneurism in which the Carotid Artery was supposed to have been tied beyond the Tumor.

“ ‘Our readers are probably aware that it was proposed by Dessault to tie the artery, in certain cases of aneurism, beyond the tumor, and that this operation was actually performed by Deschamps and Sir A. Cooper, but proving unsuccessful with them, never became generally adopted. Allusion is made in the present number of the *Journal* to Mr. Wardrop's attempt to revive this method of operating; and we therefore think it right to make our readers acquainted with the state of parts, as discovered on the post-mortem examination of one of the recent cases.

“ ‘The patient alluded to died last week, and the body was examined on the 23d, when it was found that *the carotid artery was pervious and undisturbed, presenting one continuous tube throughout, there being no unusual appearance, and no aneurism.* The heart was affected with Hypertrophy.

“ ‘Mr. Travers, with reference to the alleged success of this method, remarks (page 331) that it will be of much importance “*if borne out by similar results*,” and we have given the above details, because it is obviously of great importance that surgeons should be able to form a true estimate of the value of any proposed method of treatment as soon as possible, that it may either be rejected or adopted, according to circumstances.

“ ‘We are quite aware that mistakes will sometimes happen, even in the hands of skilful surgeons; and it is this consideration which has induced us to withhold *numerous other instances of unfortunate operations*, which have been transmitted to

us for the purpose of publication, because they have not, like the present case, been connected with any important practical question.—March 26th.’

“ Now we really think that Roderick will be most heartily despised when we come to explain the matter a little, and when we reflect on what is his duty as a medical journalist. Mr. Wardrop's first operation was read to the Medico-Chirurgical Society, July 5th, 1825; his second operation published in December, 1826; and Mr. Lambert's in the *Lancet* of March the 4th, 1827; yet during the whole of this protracted period, Roderick keeps his readers in perfect ignorance of these most important and invaluable additions to our stock of surgical information; but no sooner does one of these patients die of another disease, than this precious Macleod, or ‘gentlemanly Macleod,’ as we one day heard a Scotch blockhead call him, brings out the above history of the dissection, from which it is impossible to understand whether he wishes to convey to his readers an impression that it refers to the first, second, or third case, so designedly ambiguous is its phraseology. His reason for publishing this paper on the 1st of April, 1827, it appears, is ‘because it is obviously of great importance that surgeons should be able to form a true estimate of the value of any proposed method of treatment *as soon as possible.*’ Indeed, Roderick! if you consider this a sound maxim, why did you not allude to Mr. Wardrop's *successful* case of eighteen hundred and twenty-five, until April eighteen hundred and twenty-seven, in which time you had ejected some two dozen or more of your *Yellow Funguses*, without marking upon either of them the slightest notice of this most important improvement in surgery, which, according to yourself, should be known ‘as soon as possible?’ There is something in this conduct far too detestable to be adequately described in print, such conduct as one would scarcely expect from a ‘gentlemanly editor,’ who is anxious that his readers should be made acquainted with pathological facts ‘as soon as possible;’ but it is what we should anticipate from an editor who places all his reliance for support on the corrupt patronage of hospital surgeons, and who appears to hate—mortally hate—not only general practitioners, but all those ‘factious and disaffected persons’ who have espoused their cause; and it is well known that Mr. Wardrop is one of those persons. Hence RODERICK could not communicate to his unfortunate readers either of the operations as ‘soon as possible;’ but, on the dissolution of one of the individuals, four months subsequently to the tying of the vessel, when, too, she died of a disease altogether unconnected with the operation,

then he announces the decease of the patient as 'soon as possible,' informs you of 'an attempt' having been made to secure the artery, that when the body was dissected, the vessel was 'pervious throughout, and that there was no aneurism.' Such is the candid and manly course pursued by a gentlemanly editor, and such the impression which he wishes to convey of this excellent and efficacious operation. It is impossible, from reading the above notice, for the reader to comprehend, if he be unacquainted with the facts, whether the artery was really tied in either case, or whether, from first to last, it was merely 'an attempt;' but what are the facts? The woman on whom Mr. Wardrop first operated, in the presence of Mr. Glen, of Brompton, and Dr. Veitch, of Cadogan-place, is still living; and that our readers may duly estimate the value of the operation, and the skill and boldness of the operator in undertaking it, we have given in our present number a most accurate lithographic copy of the tumor, taken from the original drawing furnished by Mr. Wardrop to the Medico-Chirurgical Society. On this case it is unnecessary we should say more than that the formidable, nay, frightful tumor, exhibited in the drawing, shows not only to what portion of praise Mr. Wardrop is entitled, but affords the strongest evidence of the editorial duplicity of the Yellow Goth. What of the second case? The operation was performed on the 10th of Dec., 1826; an account of it was published in the *Lancet* 23d of Dec., 1826, which stated, that 'on the 11th (the day after the operation) the pulsation in the tumor was much reduced, and the pulsation of the opposite carotid increased in force; that the severe headaches which existed previously to the operation were absent.' On the 12th, it was stated, that 'the pulse of the right arm continues much stronger than the left. Left carotid artery beats with increased force.' '13th. This morning she feels "perfectly easy," is quite free from all those pains in the head which troubled her previously to the operation.' '21st. Patient is entirely free from any uneasiness in the head; has an excellent appetite, and states that in every respect she is "quite comfortable:"' and thus she continued, as regarded the aneurism and the operation, until the 23d of March, when she died in consequence of an enormous hypertrophy of the heart. But on the 1st of April—an apt day certainly—out comes Roderick, 'as soon as possible,' with the candid and gentlemanly statement we have already quoted. Well, what of Mr. Lambert's case? It was published in the *Lancet*, Saturday, March 24th, our nominal day of publication, but it is well known that the *Lancet* is in the hands of almost every professional man in Lon-

don by six o'clock on Fridays. Now Roderick asserts, that intelligence should be communicated 'as soon as possible;' he does not, however, in his April number, notice Mr. Lambert's operation, an account of which must have been in his possession on the 23d! But he can insert what he conceives will throw *discredit* on the operations and prove annoying to the operators, although he does not receive it until four days subsequently, as it will be seen that his *dissection account* is dated March 26! His plan, therefore, towards those whom he dislikes, seems to be, to publish no account of their success, and to fabricate cases of failure 'as soon as possible;'—a very gentlemanly practice, truly.

"There are some remarks by Mr. Traversers on Mr. Wardrop's operation, curious enough of their kind, but our limits compel us to pass them over on the present occasion.

"A continuation of Mr. Lambert's case of carotid aneurism will be found at p. 219 of this day's number, and, as far as the *principle* of the operation is involved, it is one of the most successful we ever beheld. No aneurism could have been more effectually or more decidedly cured by any operation, than the aneurism in this instance; the ulceration of the artery was evidently an adventitious circumstance, but of too much importance to be discussed here, cramped as we are for space. As Mr. Lambert has been so obliging as to make us a present of the preparation, consisting of the tumor, and the vessels connected with it, we have, for the gratification of our country friends, presented them with the following diagram, which conveys a clear and accurate representation of the parts. It is well worthy their most attentive consideration. And as we heartily despise concealment in matters of science; and as all professional men should be put in possession of every important fact, we beg to state, that in about one week from this time, the preparation will be left at the *Lancet* office, where it will be shown, on application, to any gentleman who wishes to inspect it. Even the Bats are at perfect liberty to examine it. We have, however, to request, that they will not knock down the glass with their great awkward leathern wings; and, as the preparation is of so much value, that they will abstain from eating it. The office being usually closed at seven o'clock, and as bats do not, at this season of the year, quit their dungeons, creeks, holes, and corners, at so early an hour, if they will send either of their secretaries, Jemmy Johnson, or Roderick Macleod, to appoint an evening when they will fly in, the door shall be open to them."

This was the libel; and now he would read to them the passage in the *Lancet* of Saturday last, to which he had before called

their attention, in order to show them in what spirit and temper the defendant acted. The words referred to the present trial, and were these:—

“The Yellow Goth will be scarified by Mr. Brougham, on Monday, in the Court of King’s Bench!”

The defendant had pleaded the general issue, and had not attempted a justification; and in these cases it was generally understood that some apology was to be made, and some amends offered—that something was to be tendered in the way of explanation or mitigation. But no such thing here; and such as the defendant was at the beginning he had continued to the end. His learned friend was employed in the odious office of scarifier to the *Lancet*, and no doubt he would endeavour to gratify the spite of numbers who attended in Court to witness his operation upon the plaintiff. He trusted the jury would think, that this was a case for heavy damages, and with that hope, he would leave it to the *Lancet*’s scarificator.

Dr. Macmichael, Registrar of the College of Physicians, proved that the plaintiff had been a licentiate of that body since 1821.

Mr. Alexander Shaw was a student of medicine; knew Dr. Macleod, who gave lectures in Great Windmill Street, on the theory and practice of physic; his lectures were still well attended.

The admission of the defendant, that he was the editor of the *Lancet*, and the alleged libel in the 194th Number, were read.

Mr. BROUGHAM objected to the reading of the alleged libel of Saturday last. There was no evidence of any admission that the defendant was the author of that article.

Sir JAMES SCARLETT.—There was an admission that the defendant was editor *generally*.

Mr. BROUGHAM.—That was not sufficient, for the admission was solely confined to the time when issue was joined in this action.

Lord TENTERDEN was of opinion that it was not sufficiently admitted, or proved, to be read in evidence.

Mr. BROUGHAM, for the defendant.—Whoever came there with an expectation that an attack would be made on the respectable plaintiff might return to the place from whence they came, for he certainly intended to do no such thing. He was not going, in what he was about to say, to gratify the feelings of any enemy of the plaintiff—if enemy he had. All that he wished to do, and trusted he would be enabled to do, was to show the jury that the defendant had done nothing more than other editors had been in the habit of doing. This, in truth, was neither more nor less than a squabble between rival editors. To be sure, the comments of the defendant on his rival editor were not done in the most civil manner;

and if his learned friend were a judge in a court of honour, he might have reason to find fault with what the defendant had done, in calling the plaintiff plain Roderick, instead of calling him Dr. Macleod; and then the defendant might be sentenced to appear at Warwick Lane, or any other place “where the golden pill reared its head aloft,” between twelve and one o’clock, the very time “when doctors most do congregate,” and there to call aloud three times, “Dr. Macleod, Dr. Macleod, Dr. Macleod.” But these editorial squabbles were not proper matter for the interference of a Court of Law. The *Lancet* was a most useful publication, as he had heard from physicians whom he knew as friends, and he had no ambition to be acquainted with doctors in any other way. This was a mere case of controversy, and it was of great importance to the public that these controversies should have all proper freedom and scope, although they were not conducted in the mildest and most civil terms, because they ultimately led to the most thorough developement of the truth. He did not mean to deny that a notice of Mr. Wardrop’s cure of a case of aneurism did appear in the plaintiff’s Journal in 1825; all that he had to say on that point was, that the defendant was not aware of it at the time when he wrote what was called this libel, so that this was a mere mistake. It had been said that the defendant must have known that the case of 1825 had been noticed by the plaintiff. His reply was, that it was utterly incredible that he should have known it, because if he had, he must have been a madman to have published this article, when he might have known that his readers would have instantly detected him, since the readers of both publications were the same. It was quite clear, from the internal evidence of the thing itself, that the assertion of the defendant arose from mere mistake, and not from intentional misrepresentation. Even in religious controversies men were proverbially apt to forget the Christian in the disputant; and it was therefore no wonder that the language of controversy about other subjects should be bitter and intemperate. The plaintiff had suffered no special damage in this instance, he enjoyed the same celebrity as a lecturer, and the same practice in his profession as before, and the alleged libel had done him no injury whatever. Then as to his supposed hatred of the general practitioners in his profession, that was said of him, not as a man or as a physician, but purely in his editorial capacity. As to the rest of the article it had certainly somewhat of a ludicrous effect, but nothing more; and that was quite a common thing among rival editors. The greatest latitude ought to be allowed in these cases, for the sake of

the public; and for this he had the authority of a late eminent Judge of that Court, who had a strong leaning against libellers; he meant the late Lord Ellenborough. A certain knight (Sir John Carr) had written a book, called "A Tour in Ireland; or, The Stranger in Ireland;" and another person had published a very laughable attack upon it, not in a Review, but in an entire book, which he designated as "A Ryght Merrye and Conceitede Tour, intituled and called 'The Stranger in Ireland, by a Knight Errant.'" The knight's book was a very good and entertaining publication, but this other person had written a most sarcastic book against it. The case was reported in the first volume of Mr. Selwyn; and the declaration there set forth that the satire was accompanied by a caricature print representing the knight in a ridiculous attitude with his handkerchief held to his eyes, signifying his regret at leaving Ireland, while he was bending under a heavy load of two books, the one entitled "Baltic," the knight having written a book on the Baltic; and the other "The Stranger in Ireland," meaning, as the pleader said, that the books were so heavy that a man must bend under the weight; and then the bundle in a pocket-handkerchief was called the wardrobe, meaning, as the pleader said, that the wardrobe was very small, and might be packed up in a pocket-handkerchief. An action for libel was brought, and Lord Ellenborough held that the satire was not actionable, as it was only a criticism on the Knight, in his capacity of an author. So here the attack upon the plaintiff was only in his editorial capacity. There was also a case of the same kind lately in the Exchequer—that of *Ball v. Longman*—which was a criticism upon a lecture delivered by a certain person, in which the critic said that the lecturer had great effrontery and address, and wanted nothing but honesty, since he had taken credit to himself for the invention of a certain method which had really been invented by the critic. The jury, under the direction of the learned judge in that case, found a verdict for the defendant, upon the ground that this was an attack on the lecturer merely in his capacity of author; and this was afterwards confirmed by the unanimous opinion of the Court. These cases were much stronger than the present, and he would leave the case in their hands, protesting again that he meant no reflection on Dr. Macleod.

Lord TENTERDEN observed to the jury, that a man was entitled to protection in his editorial as well as in any other capacity; and the jury had only to consider, whether the comments of the defendant went beyond the bounds of fair and honest criticism. If any man went beyond this he was

responsible.—The gentleman who spoke last had said, that this was a mere matter of controversy; but he (the judge) did not see that it was. It had also been said, that when the defendant had asserted that which was not true, he was not aware how the fact stood, and only committed a mistake. But when a man asserted a fact, he was bound to know that what he asserted was true. If they believed that the comments of the defendant were called for by the conduct of the plaintiff, they would find for the defendant; but in considering this point, it was a most material fact that the observations of the defendant had been bottomed on a false assumption.

The jury consulted for a few minutes, and then found for the plaintiff—damages, Five Pounds.—*See the Morning Chronicle and Morning Herald, Feb. 20.*

EXTRACTS FROM JOURNALS, *Foreign and Domestic.*

REMARKABLE FECUNDITY IN THE HUMAN SPECIES.

THE wife of a Russian peasant brought forth fifty-seven children in twenty-one births. They were all living at the same time. In the four first labours she gave birth to four children at each time, three in each of the next seven labours, and she was afterwards always delivered of twins. By a second wife the same man had fifteen children in seven labours. Is it probable that, upon examination *post mortem*, any unusual appearances would have been detected which could have accounted for the extraordinary fecundity of the father of this numerous family?

TRIPLE DENTITION.

ISABEL MORELLI, the mother of four children, had frequently suffered from severe toothache, and at last submitted to the extraction of the two last molar teeth. In about seven months after their removal, two new molar teeth appeared. They were never firmly fixed in the jaw, and caused such constant pain, that their extraction also became necessary. They were sound in appearance, and of a very good colour. Six months afterwards the woman was again attacked with severe pain in the jaw, and two new teeth replaced those which had been twice removed. The patient subsequently remained free from pain or inconvenience.

CASES IN WHICH NEEDLES HAVE BEEN FOUND IN DIFFERENT PARTS OF THE BODY.

THE case of the young woman at Copenhagen, from whose body so many hundreds of needles were extracted at various times, all of which she was said to have swallowed, must no doubt be in the recollection of our readers: this case turns out to have been a tissue of impostures on the part of the patient, and has led Dr. Koreff to make some pertinent remarks upon the strange fancies with which some hysteric females are assailed, and to relate an example of the kind, which is both instructive and amusing:—A girl of a melancholic temperament, 19 years of age, complained of having swallowed two pins; she was told to observe whether they were discharged either by stool or by vomiting. A fortnight afterwards, during which time she had felt no inconvenience, she complained of a little pain in the right wrist, which was thought to be rheumatic. M. Herholdt at length discovered a hard and straight body at the external part of the joint; he made an incision, and drew forth a *needle* in a state of oxydation. The nurse shortly afterwards found four needles wrapped up in a piece of diachylon plaster, and concealed in her bed: she was then placed in a room by herself, and carefully watched. Notwithstanding this, M. Herholdt was obliged to cut out upwards of thirty needles without being able to discover in what manner they were inserted. At length her stock of needles being exhausted, she inserted splinters of wood into the vagina, from which they were extracted with great difficulty. Being at length sent back to her friends, she continued the same practice, and it became necessary to remove the needles four successive times: she never made any complaint until all trace of the place where she had inserted the needle was obliterated. At length her mother threatened to denounce her to the police, and after that time no needles were discovered. She appeared better in health and spirits, but one day she went to take a walk, purchased some nitric and sulphuric acid, drank them, and died the following day.

EXTRACT OF VALERIAN.

DR. GUIBERT has published a memoir in the *Révue Médicale* of December last,

the object of which is to prove the efficacy of large doses of the extract of valerian in certain nervous diseases, among which he enumerates partial paralysis; shakings of the limbs in elderly people; St. Vitus's dance; epilepsy, when preceded by bleeding, leeches, or other remedies; hooping cough; nervous palpitation of the heart; certain states of dyspepsia; and especially hysterical cases and hiccough. Two or three pages of general remarks are followed by the detail of eleven successful cases of nearly the whole of the above affections; some cured in one, others in two, three, or four weeks. The dose of the extract is from forty grains to one drachm in the day, for an adult, given in the form of pills at two or three doses; the dose may be increased to two drachms in the twenty-four hours.

EXTERNAL EMPLOYMENT OF CORROSIVE SUBLIMATE.

DR. MIGUEL, of Neuenhaus, in the principality of Bentheim, relates three cases to show the impropriety of using solutions of the above medicine too freely, without employing internal medicine at the same time to combat the general ill health of the patient. The first case is one of common itch, wherein the eruption quickly disappeared, and was followed by an attack of mania. In the second, a robust man was speedily cured of a cutaneous eruption, tinea, in the hands, but he fell into a consumption and died in about a year. The third is the case of a child six years of age, affected with tinea capitis; it was speedily cured by the wash of sublimate, but fell into a miserable state of health immediately afterwards, having violent headaches, a swollen belly, difficult respiration, &c., from which it only recovered in consequence of the reappearance of the eruption, under a course of antimonial and purgative medicines.

METHODS OF DETECTING SPOTS OF BLOOD.

ROYAL Academy of Medicine. Sitting of the 15th January.—M. Adelon read an Essay of M. Raspail, upon the chemical and microscopic phenomena, by which the presence of blood upon linen cloth and instruments of iron may be detected. After dwelling upon the

importance of these distinctions in a medico-legal point of view, and giving his tribute of applause to the efforts lately made by MM. Lassaigne and Orfila to decide this question, the author assures us that he has met with all the characters given by the above two chemists, and especially the last, by submitting linen rags dipped, not in blood, but in a mixture of white of egg and infusion of madder, to the tests they have indicated. He considers it probable that the spots made upon linen by the greater number of red fruits, in which albumen is found mixed with a colouring principle, would afford the same results: he thence concludes that the chemical proofs at present given as the tests of the presence of blood, or of its colouring principle, have so little of certainty in them, that the medical man cannot presume to give any legal evidence concerning them. With regard to the microscopic characters, M. Raspail assures us, after numerous observations, 1st, that the globules vary in diameter according to the organs which supply the blood under examination, contrary to the general opinion, which considers their diameter as constant and invariable in every part of all individuals of the same species. 2dly. These globules are colourless, and ought not to be considered as composed of an exterior coloured covering, and of a central white nucleus. It is sufficient, in order to satisfy oneself of the fallacy of this opinion, to dilute the drop of blood to be examined in a greater quantity of water; the colouring matter is then seen to spread itself upon the edges of the glass, and the globules remain of a white colour, undiminished in size. 3dly. These globules are in fact only albumen in a minute state of division; they are generally soluble in ammonia; are precipitated by acids; and are dissolved in small quantities after a considerable period in water. Such are facts attending the examination of recent blood; as to that which is dried upon linen cloth and afterwards soaked in water, the microscope shows nothing positively. In fine, microscopic observation does not offer, any more than chemical analysis, any certain means of ascertaining the presence of blood. M. Orfila's answer to the above remarks is as follows: "My opinion corresponds with that of M. Raspail as to the microscopic characters, and I have said so in my essay; as to the chemical tests, I have long been acquainted with the ex-

periments of M. Raspail; I have repeated them all; I declare that they are all wanting in exactness; and I request a commission to be appointed, of which I shall not be a member, which shall be directed to repeat these experiments, as well as those made by me, to decide between us." The commission is appointed, and consists of MM. Mau, Adelon, Delens, and two other members whose names are not mentioned.

EPILEPSY.

THE following case is related by Dr. Bona, of Platow:—A man, 41 years of age, had been subject to epilepsy for thirty years. The cause of the original attack was unknown. The paroxysms at first occurred at long intervals of time, but at length they appeared about every fourteen days, and lasted a considerable time. Being left alone in a room with a fire, he was seized with a fit, and fell under the grate. He was severely burned in the left thigh, and extensive ulceration followed. By appropriate treatment the parts healed, and from this time the patient remained free from attacks of epilepsy.

EFFICACY OF THE AMMONIACAL SULPHATE OF COPPER IN EPILEPSY.

DR. URBAN, of Bernstadt, recommends the above medicine in epilepsy, when purely nervous, and unaccompanied by any complication, as exceedingly efficacious, and relates five cases in which its employment has been entirely successful. The first was that of a young man in whom the fits were renewed every fortnight, unaccompanied with any other affection, excepting a spitting of blood, which was combated in the first place with bleeding and other antiphlogistic means. The attacks of epilepsy afterwards persisting with their former violence, Dr. Urban prescribed eight grains of the ammoniacal sulphate of copper, to be mixed with twenty-four grains of sugar and twenty-four grains of crumb of bread, and formed into forty-eight pills, of which the patient took three morning and evening, increasing the dose by one pill every two days. The young man had only five fits from this period, each at a longer interval than the preceding, and he has now remained well two years. In the second case the epilepsy was produced by the sudden intelligence of the wo-

man's husband having been assassinated, and the medicine was given in rather smaller doses, and in the form of powders. The first six powders, however, produced nausea and vomiting, and it became necessary to omit them for a day; they were afterwards resumed in the same dose, which was at length increased to the amount of one grain of the salt in the day. It is to be remarked that in this case the attacks were not diminished in frequency for some time, but they soon became of shorter duration and less violence. She finally recovered, after having taken twenty-six grains of the salt altogether.—*Hufeland's Journal*.

*A Case of Non-Union of the Thigh, in which three Modes of Treatment were unsuccessfully employed; followed by a Description of the Appearances of the Bone and Connecting Medium after Amputation; read by Mr. Amesbury before the London Medical Society, Feb. 18, 1828.**

MALCOLM MACLEAN, a strong healthy sailor, æt. 36, admitted into St. Thomas's Hospital, March 11, 1827, under Mr. Green, having a very loose oblique fracture at the upper part of the middle third of the thigh, of twenty-four weeks' standing. It having occurred on shipboard, with no medical attendant, nothing was done for ten days, when he was admitted into a Portuguese hospital at Montevideo; and short splints, extending from the pelvis to the knee, were applied without, (after eight weeks' trial,) producing any good effect. Of course, directly after the accident, some pain, tumefaction, &c., arose, but, however, gradually subsided; and, at this time, (when he was removed on board to return to England,) all pain had left him, and the fracture was very mobile. Similar attempts at producing union were continued on the voyage home, but no good resulted.

A week after admission into St. Thomas's, Mr. Green very politely offered Mr. Amesbury the management of the case. On attentive examination the fracture was found (in the situation above described) oblique, extending downwards and outwards, very loose

and mobile; by extension the ends could be brought into apposition, but otherwise the lower portion was drawn upwards and inwards, about two inches and a half; the upper somewhat bent upon the pelvis. The fractured ends could be freely moved on each other, (the lower portion could indeed be almost bent upon the upper,) without or with very trifling pain; some, however, was produced by firm pressure with the fingers.

First Mode of Treatment—by Pressure and Rest.—Mr. Amesbury having never yet failed in curing cases of non-union by this method, with the consent of Mr. G., determined to give it a fair trial; but stated, at the time, his fears as to the result, not having before seen a case in which the fractured ends were so loose; and *suspecting*, as he did, that a preternatural* capsule had formed, which must, he suspected, be absorbed before callus would be thrown out. His apparatus, "which he has invented for fractures of the middle and lower thirds of thigh—simple and compound, fractures of the leg, and dislocations of the ankle," was applied, so as to maintain "*the proper length of the limb, and press the fractured surfaces strongly together.*"

The apparatus was worn ten weeks; during the whole of which period more or less pain was felt in the seat of fracture, (except for three or four days before the removal of the apparatus.) The first few days it was severe, then becoming more moderate the straps of the apparatus were tightened, and the pain again increased.

Although these symptoms, which precede union, existed, and were indeed more severe than in any former case Mr. A. had seen, no benefit was produced; the only effect being a condensation or adhesion of the soft parts around the fracture, and thereby, in some measure, confining them; but the mobility continued.

Treatment by Seton.—The opinion previously entertained of the existence of a preternatural capsule, probably lubricated by a synovial-like fluid, being now more strengthened, it was determined to introduce a seton between the fractured ends, which would not only destroy the integrity of the capsule, sup-

* Care has been taken to preserve all the *points* in the case; but, as read by Mr. A., it was too diffuse for our limited columns. We have, however, from the interest of the subject, devoted a considerable space to it.

* Mr. Amesbury used in his paper read to the Society the term "artificial" capsule. This, however, appears preferable, and was suggested by Dr. Clutterbuck.

posing it to exist, but also (and at all events) "produce a high action" of the parts favourable to the union desired.

The man, previous to the operation, was placed on one of Mr. A.'s fracture-beds, which, from its construction, allowed of the limb being first secured of its natural length; and, while in that position, a long and somewhat curved seton needle was, without difficulty, passed from behind forwards between the fractured ends, the silk with which it was armed being permitted to remain. The foot and pelvis being fixed with the limbs on the double-inclined plane on the fracture-bed, (without any retraction having for a moment been permitted to take place after the operation,) a splint was applied along the outer side of the limb, and secured in such a manner as to press the fractured surfaces gently together, without pressing the surrounding soft parts.

A good deal of constitutional excitement followed this treatment; the local irritation was rather severe, suppuration took place in two or three days, large quantities of pus were discharged, and he began shortly to emaciate. The matter in about a fortnight began to burrow under the fascia, and so much did his health suffer, that it was thought necessary on the nineteenth day to remove the seton. An opening had been made for the discharge of the matter which had burrowed at the upper and inner part of the thigh, from which, for some time, matter was copiously discharged, but gradually diminished, and ultimately both it and the openings from the seton-needle healed. The only effect on the fracture was a farther condensation and hardening of the soft parts around it, "such as has been often mistaken for callus."

Generous diet, tonic medicine, and the removal of local irritation, soon restored his usual good health; and every possible care was taken to maintain the fractured ends in apposition, and at rest: this, however, was, to the letter, impracticable during the succeeding five weeks of suppuration, it being necessary to move the splint daily to clear away the matter. When the suppurative process had ceased, he was continued on the fracture-bed, with the whole thigh enveloped in short splints, to again maintain pressure and rest. This was persevered in for a month, but to no purpose—the non-union was still to be cured.

Operation of cutting down upon the ends of the Bone.—Sometime after the last report it was determined to perform the above operation, (the poor fellow entreating that something might be done,) and having exposed the fracture, to proceed as appearances might warrant.

The limb being secured on a double-inclined plane to command the femoral muscles, Mr. Green made a crucial incision, commencing about the middle of the rectus, and carried through the belly of the vastus externus to the posterior part of the thigh. The flap was dissected upwards, and the fractured end of the upper portion of the bone brought into view, when it was seen that the extremities of the bone were connected by a thick, dense capsule, resembling somewhat that of the hip-joint, the integrity of which Mr. G. next destroyed by the removal of a portion, when the inner surface was found smooth and shining; about half an inch of the upper portion of bone was next removed by a Hey's saw; it was covered with a ligamentous deposition. Nothing could be done with the lower portion of bone, which, lying somewhat to the inner side of the upper, could not be got at without extending the wound of the soft parts, which Mr. G. and the surgeons present considered objectionable. Two or three small vessels being secured, he was left on the fracture-bed, and extension maintained in the manner peculiar to it, without any splint on the thigh. The wound was lightly strapped with adhesive plaster, and covered by a poultice.

It may be worth remarking, that during the operation he made no complaint, except when the finger was passed into the capsule, (in order to ascertain its extent,) when he complained of considerable pain being produced.

Very trifling constitutional irritation followed this operation, so that on the following day he was allowed full diet. "The limb became moderately swollen at the seat of the operation, and suppuration was established on the third day; the greater part however of the cut surfaces united, and but a small opening remained at the upper and outer part of the wound for the escape of matter, some of which subsequently burrowed to the upper and inner part of the thigh, producing some excitement of the system, which, however, quickly subsided

when the matter was evacuated by the lancet. On the tenth day pressure was again employed by padding a splint, placing it on the outer part of the thigh, and tightening it," in order to produce absorption of the adventitious matters at the fracture. This was managed so as not to interfere with the wound.

Seven weeks after the operation the wound was not completely cicatrized, but the wounds at the upper part of the thigh were healed, and it was now determined to make more powerful pressure; in order to effect which, in addition to the outer splint, a short one was applied, extending on the inner side from the knee to the wound. The web of a tourniquet was now passed round the limb, over the splint just below the fracture, and thus tightening to any extent could be produced and maintained.

This, however, produced [no] particular excitement, although continued for a fortnight, when the limb was examined, and found no better than on his admission. It was perfectly useless, indeed an incumbrance, and the poor fellow begged to have it removed, which in consultation was agreed to, and on Friday last the operation was performed by Mr. Green in a very masterly and somewhat novel style. It was a flap operation, but instead of making as usual two angles, one at the anterior and another at the posterior part of the limb, he left but one angle of the integuments, and *that* anteriorly, with a *circular* incision posteriorly; so that instead of trusting for the accuracy of the adaptation of his flaps to the extent of integument left, being precisely the same on both sides, the circular incision posteriorly admitted of his adapting the angles anteriorly to each other, with the *certainty* that the whole flaps would be accurately adapted, whereas if an angle had been left behind, *that* also must have been looked to. The bone was sawn through just above the fracture, and about half an inch below the trochanter minor.

Examination of the Limb.—The bone when sawn through was not altered in texture, as it will be remembered was the case with the portion removed at a former operation. The preternatural capsule was again entire, although a portion had been before removed; the greater part was thick and dense, but the upper portion was more thin: its internal surface was smooth, shining, and lubricated with synovial-like fluid.

The ends of the bone, (the whole surfaces of which were not exactly in apposition, the lower portion being drawn to the inner side) were rounded, (except being flattened where they came in contact,) and covered with a dense fibro-cartilaginous structure, somewhat resembling the intervertebral substance, "especially that part of it found half way between the centre and circumference." The whole cellular tissue around was considerably condensed, and when cut presented some hardness.

Mr. Amesbury then read some remarks on the case, which our limits oblige us to notice very briefly.

That this patient is of a strong constitution, Mr. A. remarked, we have abundant evidence; and this accords with his observations in forty-five cases of non-union, so that it would appear that weakness cannot account for the occurrence. It is, however, pretty evident that the case has depended more on the want of proper measures being employed; and he contended that the short splints were ill calculated to produce the effect desired.

Mr. A. is now acquainted with *eighteen cases* of non-union,* in which the method he recommends, *pressure and rest, has been adopted with success*; but it appears there are exceptions, and those of great importance to this success, *viz.* where a preternatural capsule has formed; and this may be suspected where there is great mobility of the fractured ends. In all such cases, after a short (if unsuccessful) trial of his method, he recommends cutting down upon and removing with the knife any ligamentous matter with which the bones may be covered, and then very carefully washing the ends of the bones with some stimulating wash; this was indeed what Mr. Green had intended to do in the above case, but owing to the difficulties presented, he was unable to accomplish his object. It will afterwards be indispensable that great care be used in the mechanical contrivances, and he would submit these important considerations not only to the Society, but the profession

* Most of these cases have existed six months; one nine, one ten, one eleven, and two fourteen months: sixteen of these cases were under his own care; and none that were so, were under treatment more than ten weeks, and *by far the greater number* not more, and several less than, a month. He has only known *two* cases of failure, the present case being one. Of twenty-four other cases he has *seen*, but not *treated*, in only *one* case has bony union been effected, and *that* after several months' suffering.

at large, whether where preternatural joints have formed, the removal of the adventitious matters, the careful stimulation of the ends of the fracture, and judicious mechanical contrivances will not cure these hitherto unfortunate cases.

Mr. Hutchison's Case of Imperforate Anus.

THE following sentence, having been on a detached piece of paper, was dropped from the manuscript of Mr. Hutchison's paper in No. 9: it is necessary in order to complete the account of the dissection.

"The whole of the viscera in this case were in their natural situation; the rectum turning up behind the uterus, and ending in a narrow cul de sac; the part cut into being at the bend where it approached nearest to the surface."

FOTHERGILLIAN MEDAL.

The Fothergillian Gold Medal, annually offered by the Bolt Court Society, has been awarded to Mr. John George Perry, of Great James Street, Bedford Row, surgeon, for an Essay on the Pathology and Treatment of Diseases of the Rectum. It will be presented at the anniversary meeting on the 8th of March.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

IN consequence of the applications of candidates for Licence, it appears expedient to explain more fully the provisions of the by-law enacted by the College on the 14th inst., relative to the qualification and admission of Licentiates.

The proofs of education required of such candidates for Licence as are *not Graduates in Medicine* consist of testimonials of a classical education; of Professional Study during four years; of attendance upon a course of lectures in Surgery; upon a course of lectures in Midwifery; upon two courses of Dissections; and upon the practice of Hospitals during three years, together with Clinical Lectures; *in addition to* Certificates of attendance upon the courses of lectures on Anatomy, Chemistry, Botany, Materia Medica, the Institutes and Practice of Medicine, delivered by University or King's Professors: a Thesis is also required.*

The Graduates in Medicine described in the by-law of 14th Jan. 1828, are required to produce proof of Professional Study during

four years, including certificates of attendance upon a course of lectures in Surgery, upon a course of lectures in Midwifery, upon one course of Dissections, and upon the practice of Hospitals during two years.

In order, however, to prevent the by-law from having a retrospective tendency, no practical education in addition to the testimonium of the Medical Degree is required, if the same be obtained *before the year 1829*; for the same reason the Diploma hitherto granted by the University of Dublin, as a substitute for a Medical Degree, is recognised by the College of Physicians, *if obtained before the year 1828, but not otherwise.*

The courses of lectures in Surgery and Midwifery recognised by the College consist of such as comprise at least forty lectures each, the former to be delivered by a professor in a University or College of Surgeons; the latter by a professor in a University or College of Physicians, or by the Master of the Lying-in Hospital in Dublin. Each certificate of hospital attendance must testify that the practice of the hospital at large had been attended for the period specified; the attendance upon a *division* of such practice is not considered as a qualification.

The Clinical Lectures required by the College of Physicians consist of three courses, each to be delivered during at least three months by a University or King's Professor, or by a Fellow or Licentiate of the King and Queen's College of Physicians in Ireland.

Licentiates of the College are not permitted, according to the by-laws, to practise as Surgeons or Apothecaries within the city of Dublin or seven miles thereof.

Each Candidate is required to pay to the Treasurer twenty-four pounds previously to each examination, unless he reside at a distance of above seven miles from the city of Dublin, and have taken a degree in Medicine before the year 1829, in which case the second fee will be dispensed with.

JONATHAN OSBORNE, M. D.

NOTICES.

Communications have been received from "Medico-Chirurgus," "A. B.," "Mr. C.," "Dr. Badeley," (two) "A Student at Guy's," "Q. in a Corner," "Mr. Semple," "Mr. Broughton," "Medicus," "Mr. Dewhurst," "Eblanensis," "Mr. Hilton," and "E. S."

Mr. H. H. will find his cases in our next: they were intended for the present Number, but the circumstance of changing our printer obliged us to make use of the matter already set up.

ERRATA.

In our leading article last week for "attendance in surgical practice," read "attendance on," &c.; for "general education render it impossible," read "renders it impossible."

* M. D. or M. B. Oxford, Cambridge, Dublin, Edinburgh, Glasgow.

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[VOL. I.]

OBSERVATIONS

ON

HÆMORRHAGE.

By CHARLES BELL.

Taken from his Clinical Lectures.

THE peculiar excellence of Clinical instruction is owing to the state of preparation of the student's mind to receive an impression.

Sitting here you do not feel that I am speaking to you of things that may occur, by some remote chance, years hence, in your own practice; but on the contrary you see my anxiety, and partake of it. I particularly allude to the subject of hæmorrhage: you have to-day seen the bleeding returning after amputation, notwithstanding every precaution: and yesterday, before you had left the hospital, you found I was called back to tie the femoral artery, owing to secondary hæmorrhage taking place after the operation for aneurism*.

As the accident occurred during the visit, you must all have partaken, in some measure, of the panic of the attendants, and the agitation of the patient, whose fate was impending whilst a pupil compressed the artery at the groin. You are prepared to understand the truth of the observation, that a surgeon, to be expert and active, must previously, with deliberation, have studied the principles which are to guide him in these operations. Boldness, bodily activity, and even a knowledge of anatomy, will not avail him on such

occasions unless he be directed by correct principles.

I may commence the subject of hæmorrhage as I have heard it many years ago by my brother.

"Would you know," says the celebrated Guattani, "how I was inspired with love for my profession and enthusiasm in study? I will relate the manner of it very willingly, for in truth certain accidents which struck my imagination early in life were the cause. First, a bailiff, who had been shot with a pistol in the bend of the arm, was laid in the hospital of the Holy Ghost; where, for seven days, his cure proceeded with every favourable sign: but, would you believe it? on the morning of the eighth day, when I went to visit this man, the attendants met me and told me he was dead! This unaccountable and sudden death induced me to dissect the body: I found the side of the artery open, and the eschar, which the ball had produced, partly adhering, partly separated; no bigger than a grain of corn: it was by the sudden yielding of this eschar that he lost his life! Almost on the same day, another, whose artery had been pricked in bleeding, died of the hæmorrhage, without even an attempt to save his life! Another, whose aneurism was in the ham, had a caustic applied to it, and when the eschar fell off, he bled to death! Another still had his aneurism opened with an actual caustery, and immediately expired through loss of blood! To these dismal scenes, which I myself have witnessed, what numbers might I not add from the consultations and writings of others." He then told us of the case of the butcher, who died suddenly from a wound of the thigh, and which he witnessed whilst a

* Mr. Bell, in making these observations, referred to the cases of Thodey, with Popliteal Aneurism; whose case is among the hospital reports in the present number: and to two others, viz. Wilmot and Bailey; whose cases may be found narrated in No. VI. p. 158, of this Journal.

very young man. From such examples my brother was urged to investigate with zeal the diseases and injuries of the arteries, the nature of aneurisms, their structure, and the best methods of curing them. I believe Sir A. Cooper has also some remarkable occurrence which he relates as having attracted him to the study of our profession*.

I myself may describe to you a scene which has just happened: it tends at least to remind you how unexpectedly we may be called upon to act.

I was coming home late at night, or rather when it was morning; the streets deserted, and the gas lights seeming to shine for the exclusive enjoyment of watchmen and women of the town. What occurred to me might well have suggested the description given by Defoe of London in the time of the plague; when, as he went through the desolate streets, he heard a woman, who had lost all her children, calling from her window "Death, Death!" As I turned round into one of the squares, a window was suddenly raised, and a lady screamed out, "My husband has cut his throat, and is bleeding to death—will nobody bring a surgeon?" You will allow it was singular that at such a time there was a hospital surgeon passing beneath her window. I rushed into the house, but was admitted with some difficulty; the people of the house being alarmed, and naturally afraid of admitting improper persons. I made my way to the drawing-room, and here I was met with a new obstacle; for the lady, when she saw me, and knew who I was, embraced me closely, beseeching my assistance, yet holding me so that I could not move. At last I threw her from me, and going into the bed-room, found her husband lying on his back, the blood streaming from his neck. I immediately caught hold of the vessel in the angle of the wound. After having secured it between my finger and thumb, I looked round for further assistance. Instead of finding my usual assistant, (my friend here, the house surgeon, to whose attention we are so much indebted,) I was somewhat puzzled when I saw one who had on a large, shaggy, white great coat; an old hat, with broad brim, upon his head, and a red night-

cap under it; a beard of a fortnight's growth, and a chequered shawl around his neck. "Sir," he said, "I am off my beat; I hope you will have the kindness to answer for me why I have left it." I found that it was the watchman who was my assistant; he had followed me up stairs without my noticing him. I satisfied the old man that I would readily explain for him the occasion of his being off his beat. I was obliged to wait for some time, holding the bleeding vessels between my fingers, until some medical assistants arrived with ligatures and needles. I was much relieved when an old house surgeon of this hospital, Mr. Tuson, made his appearance, with proper apparatus; and to him I resigned the care of the patient. The arteries were tied: the wound was then sewed, and properly done up.

It is thus, that having once entered upon the study of our profession, no matter what may be your intentions about practising only some particular branch of it, it is incumbent upon you to study every thing relating to hæmorrhage. Being a medical man, if an accident require sudden and prompt assistance, and you happen to be near, all the bystanders turn to you, and call upon you to afford the necessary aid. I may here repeat that there can be no true presence of mind unless you have studied with care the most essential of all subjects—the surgery of the arteries.

Before entering particularly upon those cases which you have lately witnessed, it will be necessary for you to understand all that belongs to the subject of hæmorrhage. You must ask yourselves, in the first place, by what process is a bleeding artery stopped? This will direct us to the study of all the important principles which are connected with aneurism, as well as hæmorrhage.

So long as an artery is undisturbed the blood flows easily through it. But if the coats of that vessel be injured, or death be produced in them, the blood will cease to flow. We must remember that the blood is retained in a liquid state, solely through the influence of the living vessel which contains it. It is the internal lining membrane which prevents cohesion of the particles of the blood from taking place: the instant that blood escapes from the inner coat, coagulation commences. After vene-

* We suppose our Lecturer here referred to the case of John Love, which happened forty-three years ago. See Sir A. Cooper's Lectures, edited by Mr. Tyrrel, vol. iii. p. 198.

section the blood is at first liquid, but presently it becomes thick and coagulated: it is glutinous, and when you rub it between your fingers it sticks to them. Notwithstanding this you have all seen how the blood can be forced out in jets, through the minutest arteries in the living body; and how it flows through the vessels which are visible only with the microscope. There is neither viscosity, nor the tendency of the particles of the blood to cohere, whilst within the living vessels. The perfectly liquid state of the blood, which allows it to circulate through innumerable small tubes, uninfluenced by capillary attraction, results from its being a living fluid, and contained in living vessels. If an artery be injured, or its life entirely destroyed, we find that the condition of the blood is changed. For instance, if you cut into a gangrenous limb no hæmorrhage ensues: the vessels having become dead, the blood has coagulated within them, and blocked their canals up. In like manner, when the arm has been torn from the body by machinery, there is no bleeding from the large arteries. Many cases are recorded which illustrate this fact; but in this hospital, before my time, however, there was an instance as remarkable as any. A girl, being at work in a manufactory, got her arm entangled in a rope, which came through the floor on which she was standing; and passed upwards, by a hole in the wall, near the ceiling, into an apartment beyond. She was drawn up by this rope to the ceiling; and her arm was pulled through the hole. Her body fell into one apartment; while the arm, separated at the shoulder, fell in the other. This girl survived: and as in the case of the miller, of whom you have read in Cheselden's works, there was no bleeding from the axillary artery. In one day I have seen seven patients who had their arms carried off at the shoulder by round shot. In some of these the main artery could be seen sticking out from the torn surface, yet there was no bleeding, and these men recovered without the artery having been tied.

Let us now take another view of this subject. Suppose, on the other hand, a girl is cleaning a window, and she breaks a pane of glass, and a sharp point punctures the radial or the ulnar artery. After such a wound, the vessel will continue to bleed until she faints from

loss of blood. If the artery has been of considerable size, and if compression only has been employed to stem the current, although there may be no bleeding externally, the blood may be thrown internally, amongst the muscles and cellular membrane, causing the formation of a diffused aneurism. In order to secure the bleeding vessel, and check the further extravasation of blood, the wound must be opened and the artery exposed, and its orifices, the upper and the lower, must be tied.

The same circumstances occur when, by accident or carelessness, the humeral artery is wounded in venesection. Or suppose an artery has been punctured by the point of a sword, or cut across in an operation by the scalpel—then the blood flows freely. These are very different from cases where the artery is bruised, or torn: for here the artery is opened without the disturbance of that principle of life which preserves the blood liquid, and therefore the blood continues to flow. This distinction in the nature of the wound of the artery has been overlooked, and the different effects have been attributed solely to mechanical causes.

But there are certain mechanical effects which must be attended to. 1st, the retraction of the divided artery; 2dly, the contraction of its orifice; and 3dly, the formation of the coagulum within it.

By retraction is meant the shortening of the artery in its length. To illustrate the influence which this has in hæmorrhage, suppose you are bleeding a patient in the temporal artery, your object is to open the side of the artery; but when you have a difficulty of stopping it, you cut it across, it retracts, and then the blood stops. When an artery, even of a very small size, is retained so as not to be permitted to retract, and when it has no cellular membrane around it to be gorged by the effused blood, it continues to bleed even in an alarming manner. Thus the small artery of the jaw, opened by the pulling of a tooth, has bled, it is recorded, to the loss of life. In the same way a most troublesome bleeding frequently results from dividing the bone, in amputation, just where the canal is situated for containing the nutritious artery. This little vessel being incased in a canal of bone, on being cut through, continues to throw out its blood when

all the larger vessels on the face of the stump have ceased; and it is not unfrequently the source of some anxiety to the surgeon. But the effect is still worse when, in compound fracture of the leg, this small artery is divided. The blood continues to well out from the wound in such a quantity as to lead us to believe the posterior tibial artery has been divided. I have been in consultation, in a case of compound fracture of the leg, with hæmorrhage, when I have had the utmost difficulty in convincing the consultants that the blood did not come from the posterior tibial artery: and you perceive the important distinction this makes, since the question of amputation may turn upon it.

It is the consideration of this retraction of an artery which illustrates the proposal of Mr. John Bell and Mr. Abernethy, that, in the operation for the cure of aneurism, the artery should be tied with two ligatures, and be divided between them. It is obvious to demonstration, that the artery being divided, and consequently retracted, the force of the circulation which falls upon the ligature cannot be so great; for a part of it is consumed in extending the shrunk artery; whereas, if the vessel remain stretched out, the full force of the blood comes directly upon the part where it is tied. This proposal was quite philosophical, yet the question arose whether it were not better after all to perform the operation with a single ligature. It was thought that in opening up the sheath, separating the cellular membrane, and the vessels that nourish the coats of the artery, (which must be done if two ligatures are to be applied,) there would be too much interference.

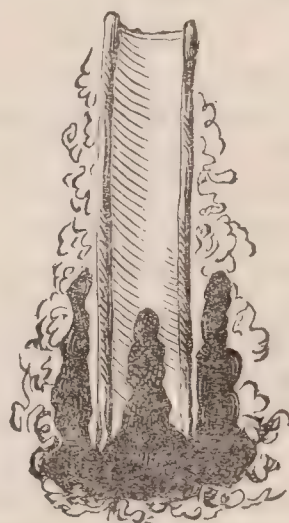
We must, in the next place, attend to the contraction or the constriction of the mouth of the artery. This is an action of the muscular fibres of the artery: we find when it is divided across its orifice is diminished to about one-third of its natural size. This you perceive is a matter of great consequence, and deserves to be taken into account when considering the process by which hæmorrhage is spontaneously arrested.

Next the formation of the coagulum, within the mouth of the artery, is a subject of interest in this inquiry.

The disposition of the blood to coagulate increases with increasing weakness. It is of little consequence, practically, whether you attribute this to the

diminished force of circulation, or the weakened influence of life, to preserve the blood liquid. But it is not uncommon for us to have recourse to bleeding from the arm, in order to produce a tendency in the blood to coagulate. If, for instance, from a wound in the abdomen, or in the thorax, the blood be flowing internally, you raise the patient up and bleed him from a large orifice, so as to produce deliquium, and with the expectation that coagulation will be induced in the mouth of the divided artery.

Every day, in the extirpation of tumours, we have occasion to attend to the formation of the coagulum in the mouth of the artery. The coagulum lies in this way,



part of it extends within the mouth of the vessel; part is insinuated between the vessel and its sheath, whilst a sort of cap covers the mouth. The clot being thus entangled with the cellular membrane around the artery, is retained with some degree of firmness, yet its hold is very precarious. The coagulum may be brushed away by the motion of the wound, or of the dressing, and then the artery bursts out afresh. While performing your operations you must be guided by your knowledge of anatomy, in deciding which vessels require to be tied. If you see the bleeding comes from a certain part, you recollect the size of the arteries which run in that course, and can determine whether it is of consequence to secure them. It is of great importance for you to know immediately what vessels are of such magnitude as to make it dangerous to leave them untied. For during the operation, if your assistant put his finger upon the mouth of an artery, when it is divided, and you proceed, trusting that

it is effectually closed by this compression, you will find, when the operation is over that this vessel which threw out its blood at the first, with great force, no longer bleeds. After warming the part with hot sponges still there is not even any oozing from it: you trust, therefore, that it will remain secure, and dress the wound. When, however, the patient is conveyed to bed, becomes warm and comfortable, being freed from the alarm of your operation, the pulse rises, and the force of the circulation brushes off the small clot, and the artery bleeds. The consequences are, the cellular membrane of the wound is gorged with blood, and you are obliged to remove all the strappings to seek for it, and tie it—all the alarm and suffering of the patient are to be renewed. After the extirpation of the breast, or of the testicle from the scrotum, if we look over the surface of the wound, we may see many red spots. These mark the places where the arteries have retracted; and if we brush them with the handle of the knife, we break up the covering of the coagulum and expose the mouth of the vessel. We may take time for this, the patient being comforted with the reflection that the operation is over, and revived with a little wine and water. You have seen this done, and you understand now the object of it. It is that we may make the vessels bleed, whilst they may yet be easily and effectually secured, and that we may not have to open up the wound.

In recapitulation I must say, notwithstanding my respect for the high attainments of many of my contemporaries, and their very great services done to our art in this department, that an essential principle has been neglected by them; and the consequence is, that as they treat of it, an obscurity hangs over the whole of this subject. I allude to neglect of the influence of the life which resides in the coats of the vessels, and in the blood; and the mutual relation between the solid and fluid. You will find that the principle which I have now endeavoured to lay down, will throw light upon the subject of aneurism, as well as upon that of the spontaneous stopping of hæmorrhage.

[To be continued.]

ON THE HIGH OPERATION OF LITHOTOMY.

By M. DUPUYTREN.

M. DUPUYTREN thinks the above operation ought not to be employed as a general method; that is to say, in all cases indiscriminately, without regard to age, sex, or constitution, or without reference to the probable size of the calculus; but that it should only be had recourse to either when the tuberosities of the ischium approach each other more than usual, when tumours are situated in the lower strait of the pelvis, or where the great size of the stone would render its extraction difficult, or impossible, from below. M. Dupuytren supports his opinion by quoting the result of Frère Come's experience by this method of operating, in eighty-four individuals of different sexes, of all ages, constitutions, and states of health; by which it appears that one out of $4\frac{1}{2}$ of the whole number, perished. This appears much more unfavourable than the result obtained by the subpubic operation practised indifferently, as in the experiment of Frère Come, upon children, women, adults, and old men. As to the instruments and mode of operating employed in these cases by Frère Come, M. Dupuytren, whilst he admits their real advantages, is far from considering them as obviating all the dangers attending the operation. In a thesis sustained by M. Dupuytren, in the year 1812, occasioned by the competition for the chair of operative medicine, vacant by the death of Sabatier, he gave it as his opinion that the incisions made in the perinæum, and in the neck of the bladder, added to the dangers of the high operation all those of the lateral one. More recently he expressed this opinion, that a sound placed in the bladder, either by the perinæum or by the urethra, added to the inconvenience and danger of the high operation, without being productive of any marked advantage afterwards in the reunion of the parts. These two opinions have, however, been for some time the object of controversy among practitioners. Some maintained that an incision made in the perinæum, if of small dimensions, added nothing whatever to the danger of the hypogastric operation, and that it afforded con-

siderable facility to the introduction and management of the *sonde à dard*, which they thought indispensable in the performance of the high operation. They added, that this incision, terminating at the most depending part of the bladder, presented a ready exit for the urine; thus diverting it, as it were, from the upper opening made in the abdomen.

Among the objections made to M. Dupuytren's opinion, that which consisted in saying that the incision in the perinæum and neck of the bladder added nothing to the dangers of the operation, fell before the results of the lateral method, which, according to age, season, or other circumstances, is mortal in the proportion of one individual to five or six. Now, what is the opening made in the perinæum, in the high operation, but adding the lateral operation also? It is in vain to say that this incision, made as small as possible, is much more free from danger than the lateral method, for we know too well that the danger of this incision bears no proportion to its extent. The objection drawn from the facility which this incision gives in introducing and managing the *sonde à dard*, is a little more specious; in fact, it cannot be denied (if the *sonde à dard* be really indispensable) but that it may be more easily made use of by introducing it into the bladder by means of an incision in the perinæum, but first it may be used by introducing it by the urethra, as M. Dupuytren has proved upon the living subject many times. In order to do this, it has been sufficient to give its extremity a greater degree of curvature than ordinary, and to lower the handle more forcibly after having introduced it into the bladder, which, owing to the flexibility of the urethra, is easily done. The *sonde à dard* is any thing but indispensable to the performance of the high operation, as we shall prove from among a number of similar cases.

As to the facility which the opening into the perinæum affords to the flow of the urine, it is easy to conceive that an instrument introduced into the bladder, through the urethra, fulfils this indication equally well, and with less danger than the incision in the perinæum. But the belief that an incision so made, and an instrument thus introduced into the bladder, prevent the escape of the urine by the upper wound,

is a supposition which, according to M. Dupuytren, experience and observation daily contradict. In fact, whatever may be the size of the incision made in the perinæum—whatever may be the calibre of the catheter passed by the urethra—we never find the urine completely withdrawn from the opening made in the bladder above the pubes; it flows always from both openings. It would appear, to use M. Dupuytren's expression, that whenever the bladder is wounded in any part, that point becomes the centre towards which all the contractions of this organ are directed, and consequently the urine is expelled by these contractions; so that he has long looked upon all the precautions taken to prevent the urine from escaping by the wound made into the bladder, as useless. He goes further, for he regards all such attempts as dangerous; such as apposition, suture, compression, and other similar means;—he thinks that they are only calculated to produce infiltrations of urine, and consequent inflammation either of the abdomen or of the cellular tissue of the pelvis, two of the most unfortunate accidents to which lithotomy gives rise. He, therefore, believes it to be the best plan, after having performed the operation above the pubes, to leave the wound to itself, merely keeping the edges apart, and observing a relaxed position of the body. The relation of the following case will explain M. Dupuytren's mode of operating better than all the general remarks that could be offered.

M. Leroy, 62 years of age, an inhabitant of Chantilly, and architect to the late Prince de Condé; of a middle height, strong constitution, and sanguine temperament; accustomed to great fatigue, and very active; who had always made use of a rich diet and generous wines, had suffered for a considerable time from a frequent desire to make water, difficulty in passing it, and severe pains after having emptied the bladder; to these symptoms attacks of hæmaturia had been added, whenever he had taken more exercise than ordinary, or committed an excess in eating or drinking. During the two last years, all these symptoms had become aggravated, the flow of urine was almost perpetual and involuntary, and there was continual pain both in the hypogastrium and perinæum. At this period a surgeon

sounded the patient, but discovered no calculus. At the end of a year another surgeon pronounced the disease to be a catarrh of the bladder, and prescribed a plan of treatment accordingly: nevertheless, the condition of the patient grew worse from day to day; the water came away only drop by drop, after violent efforts, and accompanied by great pain. Worn out with suffering, the patient was obliged, in spite of his resolution, to keep his bed, where he was soon attacked with a slow fever, and fell away perceptibly. The urine at this time gave out a strong ammoniacal odour, and seemed composed of a mixture of urine, blood, pus, and mucus. It was in 1824 M. Dupuytren was called to see the patient at Chantilly. Upon the relation of the above symptoms, he foretold the existence of a stone in the bladder, and that it was either very large, or entangled in the neck of the viscus. He sounded the patient, and the beak of the instrument struck against a stone before it entered the cavity of the bladder. M. Dupuytren made several attempts to pass the instrument further on, and he only succeeded with difficulty and in part; the sound placed between the stone and the parietes of the bladder, appeared to be squeezed as in a vice. He withdrew the sound, placed his finger in the rectum, and found the lower portion of the bladder dilated, and rendered hard by the presence of the foreign body. After bending the trunk of the body, he next examined the hypogastrium, and discovered below the pubes, at the base of the median abdominal line, a hard, resisting, and voluminous body, which he could alternately raise and depress, by placing one finger in the rectum, and the other hand on the hypogastrium. The urine which was shewn to him appeared to be purulent; but the inflammation of which it was the product, was, in his opinion, only an effect of the presence of the calculus, which would disappear when that was removed. The size of the stone determined M. Dupuytren to perform the high operation. A bath and a mild aperient were administered, and on the following night the operation was performed by M. D., assisted by M. M. Sansons, Lemaire, Marx, and Dr. Souze. The pubes being shaved, and the patient laid upon his bed, the bladder, hypogastrium, and rectum, were

again examined: this examination having confirmed the previous one, M. Dupuytren, placing himself on the right side of the patient, introduced a common silver catheter through the urethra; but this being stopped by the stone, at the neck of the bladder, could penetrate no farther. Water was injected through the catheter, in the hope that it would open the passage, but it passed out again as fast as it was introduced. A *sonde a dard* was substituted for the catheter, but this succeeded no better; and, therefore, M. Dupuytren at once made up his mind to dispense both with the injection and the *sonde a dard*, as he had for a long time done with respect to the incision in the perinaeum: changing his position, therefore, to the left side, and placing M. Sanson on the right, he caused the patient to bend his legs upon his thighs, and then upon the trunk of the body. M. Sanson then introduced his fore finger into the rectum; raised up the stone, and forced it to project as much as possible above the pubes. M. Dupuytren then taking a bistoury, whose cutting edge was convex, commenced an incision level with the upper edge of the symphysis pubes; which he continued in a direction towards the umbilicus, in the median line, for the space of three inches: the skin and cellular membrane, tolerably loaded with fat, being cut through, and the aponeurosis of the muscles being laid bare, and likewise divided, the pyramidal muscles were separated, and the recti muscles, which were by the force of their contractions pressed against each other, divided across for the space of a few lines on each side: the operator's finger passed into the wound, felt the stone, and it was still more sensible to the touch each time that M. Sanson pressed it upwards from the rectum. Resting the cubital edge of the fore finger of his left hand on the symphysis of the pubes, and sliding the point of a straight and sharp-pointed bistoury along the nail of the above finger, he plunged this instrument into the anterior part of the bladder, immediately behind the symphysis pubes: instantly, a discharge of white, thick, inodorous pus rose from the bottom of the wound. M. Dupuytren thought that this discharge proceeded either from an abscess in the loose cellular tissue about the bladder, or in the thickened substance of that organ; however, the point of

the instrument had touched the stone, and therefore entered the bladder: this opening was enlarged from below upwards, to the extent of five or six lines: the fore finger, which had been employed to direct the cutting instrument, was pushed on in the same direction, and entered the bladder with it. The bladder appeared to be half an inch in thickness, and its cavity was filled with an enormous calculus. It was with great satisfaction the operator observed that an interval of two inches existed between the highest point of his incision and the upper part of the bladder not covered with peritoneum; he therefore prolonged the incision by means of a button-pointed bistoury. He then proceeded to the extraction of the stone, which appeared fixed by its mass and shape, and by the contractions of the bladder. M. Dupuytren took a pair of forceps, the handles of which he took apart from each other, and placed them one after the other upon the opposite side of the calculus; and after re-uniting them, he, by moving it from left to right, and upwards and downwards, loosened it; and then, causing M. Sanson to raise it up forcibly, he drew it forth. Its form was exactly that of the bladder, which it entirely filled; its dimensions were *three inches and a half in length, three inches in breadth, and two and a half in thickness*: it weighed six ounces and a half, and was composed of ammonico-magnesian phosphate. M. Dupuytren then examined the bladder, and threw in an emollient injection, which was readily discharged by the wound. The dressing was of the simplest description: the patient felt immediately relieved; but in the course of the night pain in the abdomen came on, attended with cold chills, succeeded by heat and fever, together with nausea and hiccup. A large bleeding from the arm, which was repeated the next day, removed these symptoms. On the third day some urine escaped by the urethra; the next day suppuration of the wound was established, and in about a month the cure was complete; since which time the patient has remained quite well. M. Dupuytren observed in conclusion that in other cases it would be desirable to distend the bladder by means of an injection of warm water.

EXTENT TO WHICH BLOOD-LETTING MAY BE CARRIED.

To the Editor of the London Medical Gazette.

SIR,

As the following case illustrates the necessity of proportioning the quantity of blood drawn to the effects which ensue, I have been persuaded to send you the leading particulars, on the assurance that they would be interesting to many of your readers, and as tending to subvert the erroneous idea that depletion is inadmissible in a large and crowded city.

Mr. S. ætat. 41, a stout, healthy man, and, although a publican, extremely abstemious, was attacked on the 1st of last month with symptoms of pleuritis, affecting the right side, for which he was immediately bled, to the amount of *twenty-six ounces*; a large blister was applied to the side affected; the bowels were freely opened; half a scruple of calomel and two grains of opium were given at night, and a saline draught every four hours.

On the day following (Jan. 2, 1828), his symptoms being rather increased, I was requested to see him. I found him complaining of acute pain in the right side of the thorax; his respiration so affected, as almost to prevent him from speaking; his pulse sharp and full; tongue white; he had a short, dry cough, and that general restlessness and uneasiness attendant on the disease. The blood drawn yesterday was much buffed and cupped. I requested Mr. Knaggs, the apothecary, who was in attendance, to bleed him again immediately, whilst I stood by to decide on the quantity. *Fifty ounces* were taken in a very full stream, nor did Mr. S. feel or appear to be faint; but the pulse, having been rendered softer, and the pain and dyspnœa relieved, the wound was closed.

R̄ Hydrarg. submur. gr. viij.

Extr. Opii, gr. ij.

M fiant pil. duæ, statim sumendæ.

Pergat in usu Haust. Salin. cum Liquor.

Antimon. Tart. ℥xv. quartis horis.

In the evening I found him much better, though the pain was not subdued. Pulse 100, and softer; cough less troublesome. He had been perspiring profusely ever since he was bled. The tongue was white, but moist; bowels

freely open. The blood was much buffed and cupped.

R Hydrarg. submur. gr. iv.
Extr. Opii, gr. j.
M fiat pil. 4tis horis sumend.

3d.—He had slept tolerably well, and perspired during the whole night; but the pain in the side continued. The respiration was more laboured; the pulse sharper and fuller; tongue white.

Rep. V.S. statim, pleno rivo.

Forty ounces were taken. No faintness ensued, but the pulse was reduced, and became rather irregular. The pain, dyspnœa, and cough, were instantly relieved; and he assured me that he now could take a full inspiration without any pain. The bowels were freely open; water high coloured.

Rep. Medicam.

4th.—The blood drawn yesterday was cupped, and covered with a very thick buffy coat. He had had a very restless night, but perspired freely and constantly. Pulse 100, and softer. He was able to lie on either side, and said that he scarcely felt any pain on inspiration. Cough easier, but no expectoration; tongue moist; gums affected by the calomel; bowels open.

Intermittatur Hydrarg. submuriat.
Sumat Haust. Salin. cum Potassæ Nitratis. gr. xij. 4tis horis.

5th.—Very restless all night. The pain and cough still continued. The pulse was regular, but full, and rather jerking. Tongue white; bowels very open.

Statim iterum mittatur sanguis.

Forty-four ounces of blood were now taken before he experienced much relief, or the pulse became materially altered; and although he sat up in bed on this as on all the other occasions when he was bled, he complained of no faintness. He now said he felt “a little queer.” The pain and dyspnœa were relieved, and the cough was more quiet.

Contin. Med.

I found him this evening, to use his own words, “as comfortable as ever he was in his life;” quite free from pain; the blood was much buffed, but not so cupped as before. Pulse 110, and quite compressible; but had that vibratory action so common after the loss of much blood. The sensorium was considerably affected.

Pergat in usu haust. Salin. cui adde.
Pulv. Ipecac. comp. gr. iv. 4tis horis.

6th.—Had passed another sleepless night. Talked incoherently, but answered questions rationally. Had perspired plentifully. The pain in the side was not yet subdued, and he still coughed. The pulse, however, did not justify the loss of more blood, and the system was evidently suffering from the depletion already sustained. The tongue was brown, and quite dry in the centre. The bowels had not acted since the preceding morning. The blister was nearly healed.

Applic. Emplastr. Cantharid. amplum lateri dolenti.

R Hydrarg. submur. gr. vi.

Cons. Ros. q. s. ut fit pilula, statim sumenda.

Elapsis horis tribus,umat Haust. ex Infuso Sennæ, cum Sodæ Sulphatis. et rep. alternis horis donec satis responderit alvus.

Deindeumat Haust. sequent.

R Misturæ Camphoræ 3xj.

Spir. Æther. Sulph. c. mxx.

Liquor Opii. sedativ. mxx.

Syr. 3ss. M.

The blister having produced violent strangury within four hours of its application, was removed. The pleuritis might now be fairly said to be subdued. The pulse continued soft and quiet; the pain had ceased, and he could fill his lungs with perfect ease. The sensorium, however, continued so much affected, attended with occasional hiccough, that his friends were alarmed. A consultation was consequently proposed, and Dr. Chambers met me in the evening. He agreed with me in the conviction that the disease was removed, and that our attention was now principally to be confined to tranquillizing the nervous system. The bowels had been freely opened, and the tongue was cleaner and more moist. He recommended a continuance of the Anodyne draughts, with an increased dose of the Liquor Opii sedativus, if necessary.

7th.—Slept well; continued free from pain, and the cough was nearly gone. The hiccough had not returned. The symptoms of inflammation having entirely yielded to the active means which had been adopted, I need not trouble you with any further detail of the case. The affection of the sensorium and nervous system, consequent on the copious depletion, soon subsided; and the patient rapidly recovered. He has long since resumed his business, and continues in good health. This was the

third time in which he had been similarly attacked; and although, by his own report, he was repeatedly bled on every occasion, the symptoms had never hitherto been so severe. The blood was accurately measured, and amounted to 160 ounces, drawn within five days. Dr. Blundell has mentioned two successful cases of thoracic inflammation (in the 10th vol. of the Med. Chir. Trans.), in each of which a *gallon and half* of blood were abstracted within the same **short** period, otherwise there are probably but few on record which exceed the present extent of depletion within the given time.—I am, Sir,

Your most obedient servant,

J. C. BADELEY, M.D.

34, Half-Moon-Street, Feb. 12, 1828.

LARGE BILIARY CALCULUS.

To the Editor of the Medical Gazette.

SIR,

IF you think the following case sufficiently interesting to deserve a place in your most respectable publication, I shall feel obliged by your inserting it; at the same time am aware there is a similar one recorded in Vol. X. of the Quarterly Journal of Arts and Sciences, transmitted to the Editor by Sir E. Home, the calculus weighing thirty-nine grains less than mine.—I am, Sir,

Your obedient humble servant,

WILLIAM DIX.

Long Buckby, Northamptonshire,
Jan. 30, 1828.



Biliary Calculus, weighing 278 grains.

Mrs. E., residing at Whilton, in this county, aged about 55, had been subject, for some years past, to occasional attacks of spasm in the epigastric region, which had been allowed to subside and recur without an examination of the excretions. I was requested to visit her, Dec. 30th, and found her labouring under all the symptoms of the transit of a gall stone. The nurse was desired to save the dejections for my inspection, as I informed the patient I had no doubt she would pass a gall stone. Without entering further into the detail of the case, suffice it to say, after three or four days of occasional violent pain and sickness, a calculus was voided (of which the accompanying drawing is a representation) of nearly a cylindrical form, weighing two hundred and seventy-eight grains; *one inch and three quarters in length, and three inches and a quarter in circumference.* It may be as well to state that large doses of opium, hot fomentations, with aperients, produced a speedy recovery.

HERNIA.

To the Editor of the Medical Gazette.

SIR,

IF you think the following facts worthy the attention of the profession, you will do me the favour to insert them in your Journal. The first case shews how speedily fatal strangulated hernia is, when uncontrolled by surgical aid: the other, the dominion the surgeon has over the disease, when proper remedial means are timely employed.

(Signed) HENRY HAMMOND,

Mem. Roy. Col. Surgeons in London.

Windsor, 14th Feb. 1828.

1. *Case of fatal strangulated Ventral Hernia, (existing simultaneously with reducible Exomphalos,) in which the nature of the disease was not observed during life, owing to the enormous thickness of the abdominal parietes.*

On the evening of 16th December, about eight o'clock, a practitioner in the neighbourhood was called to visit Mrs. ———, about 50 years of age. She said she was taken ill about noon. She complained of sickness, but had not vomited, and of pain in the belly, which, however, was neither increased nor diminished by pressure; the pulse was weak, and a few beats quicker than natural; she also felt an extreme degree of debility. The last alvine eva-

cuation she had, was between 6 and 7 o'clock of the same morning. She is a remarkably fat woman; has had exomphalos 7 or 8 years, which has always been reducible, and is so still; although, after returning the gut, there is a hard substance remaining, as if something were unreduced. From the first appearance of the hernia, she has (as is usual in these cases) frequently been subject to colicky pains; and, during two or three of these attacks, the bowels have remained constipated for 48 hours.

Anodyne fomentations were directed, and purges of Colocynth and Calomel were given; with instructions that, if the symptoms become aggravated, she should send to her attendant.

17th, 11 o'clock, A.M.—I was requested, with another medical man, to see the case this morning. She has vomited at intervals during the night; the hernia in the same reducible state; pulse feeble; countenance anxious; the pain in the belly of the same character; bowels unrelieved. She persists in being quite unalarmed, confidently asserting that she has before been in the same state; indeed she will scarcely allow the necessary examinations to be made.

Doses of Colocynth and Calomel to be continued, assisted by Clysters of Castor Oil and Epsom Salts. To repeat the fomentations.

5 o'clock, P.M.—The symptoms are all more severe; added to which, she complains, for the first time, of pain upon pressure: and the matter vomited is clearly *fecal*. Under these circumstances, presuming there might be some portion of intestine strangulated, but not *discoverable externally*, it was determined to proceed to the operation, if, upon the arrival of her relatives, who reside a few miles off, she would consent.

8 o'clock.—The first glance at the patient convinced us all that it was too late, so great was the change during the last two or three hours. Her pulse was scarcely perceptible, her extremities losing their natural temperature; and, indeed, she could only be regarded as a dying woman.

Any attempt, therefore, to relieve her by an operation, was deemed not only inadmissible, but unwarrantable. She expired 5 hours after. The body was examined within 12 hours after death.

The fat between the skin and perito-

neum was, by measure, three inches and a quarter thick; the exomphalos perfectly reducible; the opening through which it protruded was very large; and a portion of omentum was found adhering to the upper part of the neck of the sac. A *Ventral Hernia*, consisting of a globular piece of nearly mortified small intestine, about an inch in diameter, was discovered in the linea alba, about midway between the umbilicus and pubes; but so deep, and so distant from the surface, as to be quite undistinguishable by any external examination. There was an inflammatory blush over the peritoneum and intestines generally.

From the above statement, it appears that the poor woman was taken ill on Sunday, about 2 o'clock, P.M., and that she was a corpse 47 hours after. The cause of her death was the ventral hernia. How long *that* had existed, all who read the case can equally judge. But one thing is sufficiently obvious: that the unusual thickness of the abdominal parietes concealed the disease during life. The portion of omentum adhering to the sac, was doubtless that which was felt when alive. It is worthy of remark, that hiccup did not occur till within an hour of her death. If the parietes of the abdomen had been thinner, would not the symptom of pain, increased on pressure, have appeared earlier?—Mr. Lawrence says, in his *Treatise on Ruptures*, that very few cases of strangulated ventral hernia are on record; indeed he alludes to *three only*, related by Lettre, Petit, and Sir Astley Cooper. If the operation for exomphalos *had* been performed, the patient could have derived no advantage from it.

2. *Case of Strangulated Bubonocoele, (requiring operation), in which many of its symptoms were present an hour and a quarter after its occurrence.*

At 9 o'clock, P.M. of the 13th Jan. 1827, I was called to a muscular labouring man, 33 years of age, suffering from an inguinal hernia. He told me the intestine suddenly escaped from the belly an hour and a half previously; that pain very soon followed; has been subject to hernia from his infancy; has worn a truss 8 or 9 years; it has frequently descended, but was always easily returned. The tumor is large, tense, and somewhat painful when handled. He has been trying to reduce it himself, but cannot; he has vomited

two or three times, and has hiccough at intervals.

The taxis was employed for a quarter of an hour without any benefit. Syncope was produced by blood-letting in the hot bath, and the rectum was emptied by clysters of warm water. At this period also the taxis was equally unavailing, not the slightest reduction being effected.

Extr. Coloc. C. gr. x. Calomel. gr. iii. Three Pills to be taken directly. An evaporating lotion to be constantly applied.

14th, 8 o'clock, A.M.—No stools. He has vomited often in the night; hiccough; pulse quick; considerable pain in belly, especially above the ring of the affected side. The taxis excites much pain.

A draught composed of two drachms of sulphate of magnesia, dissolved in mint water, was directed to be taken every 2 hours, and a common purging clyster was administered. It was also decided to wait till 12 o'clock, to see if the bowels had been acted on; if not, to have recourse to the tobacco clyster, and in the event of its failing, to relieve him without delay. At 12 o'clock no evacuation had been procured, for he could not retain the draught.

Half a pint of infusion of tobacco (3j. ad Oj.) was injected, and repeated in a quarter of an hour. It made his pulse feeble, and intermit, with clammy sweats.

The taxis was *gently* employed, but with the same unsatisfactory result. As soon as he recovered from the effects of the enema, with the sanction of my professional friends, I performed the operation. The hernia consisted of a large quantity of small intestine, and some fluid: the former was very dark in colour; but as it was tolerably *firm* and *equally* discoloured, it was attributed to the congested state of its vessels, and a favourable result was anticipated. The stricture was formed *entirely* by the neck of the sac, inasmuch as the finger could be introduced into the abdomen *above* the sac, *externally* to it, and the stricture be brought into view by gently pulling on the sac. The intestine was so firmly embraced, as only to admit a silver director between it and the sac, as a substitute for the finger.

Two stitches were used to keep the integuments together. A draught of castor oil and laudanum was given soon after.

7 o'clock, P.M.—No stool; pulse 96, and hard; tongue white; pain in the belly increased on pressure; anxiety and restlessness; the abdomen is tense; some hiccough remains, and nausea, but he has not vomited since the operation; secretions generally checked.

V. S. ad \mathfrak{Z}_{xxiv} . Enema Purgans. To take the draughts of Salts, with half a drachm of Nitrous Æther, every two or three hours.

15th, 7 A.M.—Has passed several foetid and copious evacuations, with great relief. Pulse 90, and more natural; no nausea nor hiccough; complains only of slight uneasiness in the part.

17th.—No bad symptoms; he takes small doses of Epsom salts according to the state of his bowels.

The dressings and ligatures were removed to-day; union by the first intention is *perfect* in every part, excepting where the ligatures were, from which places a drop of good pus was squeezed.

21.—Wound perfectly healed; has stools unassisted by medicine; he is to resume his truss as soon as the tender state of the parts will allow.

In this case the formidable characters of the disease shewed themselves much earlier than is common; and as it is simply a narrative of facts, I hope it may not be without some degree of interest.

A case was related in the *Lancet* some months since, in which the symptoms of strangulation were present an hour after the accident; and in the number for January 5, of the same periodical, one is reported from St. Bartholomew's, of "An old adherent epiplocele, with sudden descent and immediate strangulation of the small intestine." The operation was done eight hours after. It may not be amiss to observe, that in these two instances, as well as in the one I have mentioned, the descent of the gut was *suddenly* produced, and in *all three* the stricture was formed *SOLELY* by the neck of the sac.

MACLEOD *versus* WAKLEY.

To the Editors of the London Medical Gazette.

GENTLEMEN,

THERE is a circumstance connected with the cause for libel which was tried in the Court of King's Bench last Monday, which does not appear in any of the reports; but which seems

to me of sufficient importance to be made public.

It is probable that my prosecution of Mr. Wakley for libel may not be the last. Now, I wish to caution others against suffering by the same imprudence which proved so injurious to me on the late trial. When Mr. Wakley prosecuted Dr. Johnson he brought a double action, viz. one against Dr. Johnson as editor, and one against the printer or publisher of his Journal, by which means the defendant had to pay double costs. I was advised, by some who had no interest in the matter, to adopt the same method; but as my object was merely to clear my own character, which had been so often assailed, I instructed my attornies to inform Mr. Wakley, through his man of business, that, if he acknowledged himself to be the editor of the *Lancet*, I would only bring one action. The proposal was immediately accepted, and an avowal sent that he had edited the Number of the *Lancet* which contained the libel. But as this was not sufficient for my purpose, and as there was no difficulty in proving the editorship, I directed my attornies to institute a double action without any further delay, unless the admission was instantly made in general and unequivocal terms. The words used by my attornies were, "*Unless you admit the defendant to be editor of the Lancet generally, for all the purposes of this action;*" and "*so that the plaintiff may not have occasion to prove that fact in the trial of this cause.*" On these conditions only did I agree to wave the double action, and the terms were gladly accepted by the opposite party. The admission in question was dated Feb. 13th, only five days before the trial, and three days before the Number of the *Lancet* was published, the editorship of which was afterwards denied. It may, further, be proper to state, that my attorney saw the defendant's man of business on Saturday the 16th of this month, after the disputed Number of the *Lancet* was published, and asked him again if he acknowledged the admission which had been sent to be his; to which he replied, that he did. Sir James Scarlett, who must be pretty well acquainted with the usage in such cases, regarded proof of the editorship, for any of the "purposes of this action," as unnecessary under these

circumstances. But, unfortunately, it was the first time he had been engaged against the *Lancet*: he trusted to the understanding which exists where concessions of this nature are granted to save the parties expense; and, finding himself deceived, he expressed his indignation in open Court, in terms which it would not be prudent for me to repeat, but which will not soon be forgotten by the parties to whom they were addressed. That Sir James Scarlett, who cannot be supposed to be so well acquainted with the character of the *Lancet*, should have been misled, is not to be wondered at; but I certainly ought to have known better. I also confess, that I thought some little sense of honour would have been felt in reference to an arrangement which was so essential an accommodation to the defendant. But, as having entertained this idea is a part of the business of which I am rather ashamed, I shall merely add, that, hoping my professional brethren will derive advantage from my imprudence in trusting to any admission,

I remain,

Your obedient Servant,

R. MACLEOD.

Henrietta Street, Cavendish-Square,
February 23.

ON THE APPRENTICESHIP OF APOTHECARIES.

To the Editor of the London Medical Gazette.

SIR,

THOUGH I am not at present disposed to agree with you in opinion, with regard to professional apprenticeships, (*Gazette*, No. 3,) I am glad that you have expressed your sentiments unreservedly on the subject. I trust you will give still further consideration to this matter yourself, and induce others to do so likewise. A dispassionate and thorough investigation cannot fail to be beneficial; and it is earnestly to be hoped that some who are competent will undertake it, and favour the profession with their views, through the medium of your Journal. It seems that many consider, with you, that apprenticeships, under any modification, are objectionable; others think that the present period of five years is unprofitably long, and should be reduced to three; and others again see no valid objection to the term of five, if the intention of the legislature, in requiring it, be fairly and fully acted

on. Your statement of the introduction of the clause relating to apprenticeship, by the late Bishop of Peterborough, and of the unsuccessful opposition to it by the Society of Apothecaries, is correct: not so, however, I am disposed to think, is your inference that the learned prelate was intermeddling in a matter which he did not understand. Dr. Parsons was not more distinguished for his erudition than for his converse with the world and human nature; and, as the head of Baliol College, Oxford (which, by his judicious superintendence, he brought to its present high reputation for learning and discipline), he had abundant opportunities of making personal observation on the character of youth, and of forming an opinion on the propriety of subjecting them to moral and intellectual discipline; and of the inexpediency of leaving them, unrestrained and unregulated, at that period when passion is strong and judgment immature. Young men entering into other professions, or pursuits, are subjected, on leaving school, to the discipline of the University, or of the public service, or of the private establishment in which they may be placed as clerks, &c. &c.; and I think you will not be disposed to consider that the scenes, associations, and temptations into which a medical student is thrown, in attending his professional studies at a medical school and hospital, are of such a nature as not to require similar restraint, and which restraint he will not find in those establishments, under their existing regulations. The moral good derivable from such subordination as I have in view, is not necessarily obtained by the sacrifice of intellectual attainments. Habits of self-government, of industry, and of study, must be profitable to this end; and there is much for a medical student to learn and acquire, between the commencement of his apprenticeship and his profitable attendance upon a public medical school. He should keep up and increase his classical knowledge, acquire that of French (now rendered almost indispensibly necessary, from the mass of professional matter communicated in that language), and gain a general knowledge of the elements of Botany and Materia Medica, and a thorough acquaintance with practical Pharmacy; information which I am not disposed to estimate as of little value.

Two years, at least, might be advantageously employed in these preliminary studies, whether his apprenticeship be passed in town or country; if in the former, he ought not only to be permitted, but enjoined to attend, for the succeeding two years, lectures on Chemistry, Anatomy, and Physiology; if in the country, one entire season should be spent either in London or at one of the newly established and excellent medical schools at Manchester, Birmingham, Liverpool, and Bristol; the number of which I should be happy to see increased, if founded on sound principles. Professional works might be beneficially studied afterwards, and a clear, definite view obtained of the basis of professional knowledge, the structure and healthy functions of the human frame, and the elementary constituents of it, and of matter generally. A part of the last year should be devoted to dissection and the study of the practice of physic; and an aptitude thereby acquired to derive substantial advantage from the subsequent attendance on the medical and surgical practice of an hospital; and such additional professional instruction as I have not thought it necessary to particularize. One of the especial advantages derivable from a well-conducted apprenticeship, is a practical and clinical knowledge of those ailments and accidents and minor operations, which form the mass of general practice, with which it is indispensibly requisite to be acquainted, and which cannot be acquired at a public establishment, where pupils are numerous, teachers few, and where patients must be kept under the management of the medical officers, and not transferred to the temporary charge of each student. That apprenticeships are generally conducted on a plan different from that suggested, is most lamentably true. Parents devote to our profession children who have neither the capacity or ordinary school education adapting them for it, while their own pecuniary resources are too limited to admit of their defraying the subsequent necessary expenses; and they are too often also (to the disgrace of the profession it must be said) tempted to inflict this injury on their children by practitioners who consent to take apprentices without fee, purposing to derive their own compensation from the sweat of the youth's brow and the labour of his hands;

giving to him for his share wasted youth to be followed by fruitless, toilsome study, occasionally ending in a disgraceful rejection under examination.

These are the abuses, not the necessary consequences, of the present system; for, whether the law requiring apprenticeships exist or not, the incompetent and the ignorant will occasionally aspire to the profession.

The impression on my mind, as you will infer from what I have written, is, that apprenticeships are susceptible of rendering essential service to the pupil: of course I should regret their being done away with, until stronger arguments are adduced than I have hitherto seen brought forward. I am still, I trust, open to the conviction resulting from further information; and it is in search of this that I am induced to write this somewhat lengthy letter, acknowledging that my mind is wavering between the term of three or five years. At all events, some time must necessarily elapse ere any legislative alteration in the matter takes place; and, in the interval, the means of reform are in the hands of the general practitioner, if he be honest and enlightened enough to use them. Let him, if actuated by other than selfish and sordid motives, refuse to take as an apprentice one of insufficient capacity or education; and when he does receive a youth having these qualifications, let him faithfully discharge his duty towards his pupil, by advancing his intellectual improvement and acquisition of professional knowledge.—I am

Your obedient servant,

A SURGEON AND APOTHECARY.

London, Jan. 1, 1828.

MEDICAL EDUCATION in IRELAND.

Letter from an Irish Physician to his friend in London.

(Concluded from page 247.)

WITHOUT ocular proof, my dear —, you can have no conception of the dexterity with which the doctor manages his instrument, nor the exquisite precision with which he ascertains the existence and locality of the most minute morbid symptoms. In many instances, by simply applying it to the right side of the chest (for it is indifferent to what region it is immediately applied) he has discovered Pectoriloquy, which to any

other stethoscopist would seem to proceed from the left side; and as to the *râles*, he has this peculiar advantage that he hears a considerable number of them at once. Then, sir, his practice is so systematic, so cool, and so decisive, that he would seem to want none of the qualifications which conspire to render a man an extraordinary physician indeed.

Such is the medical ruler of Sir P. Dun's; such is the successor of Stack; a name never mentioned among any who enjoyed his acquaintance without exciting a tear for his premature decease; a name which cannot but call forth the sympathy of every man connected with our profession in this country. You saw him twelve months ago, full of life and health, with the most sanguine hope of future and not distant eminence; yet, how vain are the cares of man! he was cut off not long after as lamentably as unexpectedly. His talents were of the first order; his acquirements extensive and masterly; his energy unrivalled, and ever successfully employed in the cause of benevolence. At the age of thirty, scarcely enjoying his professorship a single winter, and when just about to attain that standing in the profession which seems to entitle a man of ability to the confidence of the public, he was snatched away by a malignant disease, caught in the exercise of his duties. You will excuse me, my dear friend, when I thus digress upon the mention of his name; he was, indeed, a worthy and an amiable man; and often have I had occasion to witness the zeal and noble disinterestedness of his character. His career, though short, may well claim "the passing tribute of a sigh," though there be no "frail memorial" to excite it. Like many other men, estimable in their lives, Dr. Stack has had no friend to adorn his memory, or to hand down a picture of his virtues to his successors: "urgetur longâ nocte."

I have already informed you that it is in this hospital that clinical instruction is afforded by the school of physic, and that 30 beds are expressly reserved for that purpose; half of them for acute, the other half for chronic cases. The professors of the school act in turn as the clinical physicians; only four of them, however, undertake the duty.

Precisely as the clock strikes 11 every day during the present quarter, Martin

Tuomy is heard rumbling up to the hospital in his overloaded car. As a clinical physician, Martin is a fair, candid, honest, fellow; sticks to the old school with all his might and main, and to the theories which he adopted thirty years ago. He is a strenuous liver doctor; consults that viscus unfailingly in every case, with all the gravity and seriousness of a sooth-sayer of antiquity; and faithfully believes that every bad symptom originates from derangement of the bilious secretions. One of the most ludicrous scenes I think I ever witnessed was Martin's attempt to explore the chest, when stethoscopes first came into use. You must picture to yourself a very Falstaff, in weight and rotundity of belly: let him doff his beaver, and bend down to the patient's thorax, to preserve the centre of gravity (which is certainly situated in his case somewhat more low and posterior to its situation in others) he poises himself on one leg, and so continues for a moment; but deafened with the gush through the carotids, and exhausted by the almost apoplectic effort, he recovers his position, and abandons the instrument despairingly for ever.

I believe it is generally admitted that nothing can be more conducive to the advancement of the medical student, than the correct contemplation of disease, with the habit of noting accurately all the more important symptoms. It is, consequently, in the highest degree, the duty of the clinical teacher to inculcate this habit both by precept and example. His reports should be ample, intelligible, and instructive; kept with the utmost exactness and regularity; and, in fact, a model for the young physician of the plan best fitted for him to pursue in observing those more interesting cases which may hereafter fall under his own immediate care. But how this can be effected in the present state of things at Sir P. Dun's, it is not easy to declare. By an old regulation, confirmed, however, by one of later date, the case books of the clinical physician must be kept in Latin; for what reason, or with what design, nobody can tell. Recipes, certainly, should be written in Latin for obvious reasons; and certain physicians may, if they think proper, amuse themselves in their private practice, by noting their cases in that language; but it is surely a cumberous relic of Gothic barbarism any longer to

retain the Latin language in the conveying of instruction; above all, in a profession in which so much depends upon the minute discrimination of peculiarities, some of which bid defiance to the powers of any language to express. Will any man pretend to say that he can express his thoughts with more precision in the Latin than in his native tongue? If any will, why let him try his powers in a case of acute hepatitis, or of chest affection; if not, let him employ his native language by all means in his medical reports, as is now universally practised wherever the light of reformation has penetrated. Gradually with the progress of literature, and good sense, those scholastic barbarisms have been abolished; and the day is gone by when it was deemed indispensable to deliver lectures in Latin, and to publish our books in the same language for the edification of our continental friends. But to return: the case books, I have said, are kept in Latin—in bad Latin, of course—presenting a most meagre record of both symptoms and treatment. Another great deficiency in these books is, that they do not contain a single note of a post mortem examination. Some time ago the dominion of the dead-room in this hospital, was claimed by the Professor of Anatomy, he having, it might be presumed, the best right to that station. It was, however, contested with him, by an angry anatomist, who was bitterly bent on mere opposition. The non-medical governors decided in favour of the latter, who has since been chosen to succeed Mr. Wilmot, as surgeon to the hospital; but since this appointment, I cannot ascertain that a single dissection has been recorded.

WAKLEYANA.

SIR,

It may perhaps be a matter of surprise to you that I should not, long since, have redeemed the pledge which I voluntarily made in my last letter of writing to you again very soon; but in honest truth I have been confined by severe indisposition, and have suffered greatly from a pain in the side, proceeding, I believe, from a continued and excessive *cachinnation*, with which I was seized upon reading the brilliant effusions of wit contained in a few of the late num-

bers of the *Lancet*. The story of Mr. Brodie's dialogue with Mrs. C. in Welbeck-Street, is full of causticity, highly derogatory to that gentleman's character as a surgeon; and must, no doubt, materially tend to diminish the extent of his practice: but though this is brilliant enough, how does it sink in comparison with the cat anecdote? So much was I delighted with that happy *jeu d'esprit*, which I suppose must be considered more than usually excellent, because it is perfectly unintelligible, that I actually walked to Saville-Row in order to convince myself of the veracity of the *locale*, that I might be enabled to circulate the joke fearlessly. "On Monday morning," says the *Lancet*, "a cat sneezed at the door of No. 14, Saville-Row:" really I must be permitted to exclaim with Matthews, Oh! that boy will be the death of me! However, I proceeded, as I before said, to the above-named street; and there I saw on the door of No. 14, in very legitimate medical characters, inscribed on a brass plate, MR. MACGREGOR; so I returned home, and had another hearty laugh upon finding that the witticism of this *attic writer* was even more abstruse than I had at first conceived it to be. This, together with the Greek epigram, and two Latin ones, heavy, as became the subject—for they are all about a stone; and that crowning effort in which Joe Burns is made to say something respecting a bat, but which is too lively to be printed even in the pages of the *Lancet*, and is, therefore, left blank: I say, all these conjoined, produced such an effect upon my health, that it is only within the last two or three days that I have been able to renew my usual avocations.

Fortunately for my convalescence, a little respite has been afforded me by the *Lancet* having, as I suppose, exhausted this rich vein of talent (if I may be permitted, in the present state of the mining companies, to use such an expression.) In the Number of Saturday last, however, he has astonished the profession in general, and me in particular, by an effusion of loyalty, in a tone of grave reprimand, towards his Majesty's ministers, and with a serious sadness, which at once displays the versatility of the editor's genius, and the happy facility with which he can turn to his advantage the little rebuffs that he meets with in fulfilling

the amiable duty he has undertaken, of ridiculing all that is great and good in the profession; in pouncing upon small errors; in hiding or extenuating great ones, when occasion requires; and more especially in calling names—that admirable and undoubted test of wit on his part, and of demerit on that of the intended objects of his ridicule.

I will, in illustration of what I have observed, pass slightly in review two or three of the points that are particularly prominent in last Saturday's effusion. In the first rank stands a letter from the Veterinary College, signed by all the students excepting one; which letter gives a direct, flat, unqualified contradiction to a statement made previously in the *Lancet*; the object of which was to throw an imputation of neglect and dereliction of duty upon Professor Coleman, whose sole fault and misfortune is that he has lately been very ill. It is, however, quite sufficient for our editor that Mr. Coleman is at the head of an *establishment*: that is always a crime. Well, the editor has been compelled to insert the letter of these students, because he well knew there was one other publication, at least, open to them; but in order to qualify the mortification of being obliged to confess himself baffled and detected, he inserts a little note at the bottom of the page, in which he recommends these young gentlemen to be *cautious* in their statements; thus insinuating what he dares not assert. He, a convicted libeller, recommending young gentlemen, who are indignantly repelling a falsehood inserted in his own work, has the decency and modesty to offer them his advice!!!

Pass we now to the "*Stanley Tale*:" here I find the worthy Editor quite at home, usurping the duties of a newspaper, detailing minutely a trial which has already travelled over England. But how can he help this? Is so good, so excellent an opportunity of tacking to this record some rich and christian-like remarks on the conduct of the first men in the profession, in this country, to be passed over? Oh, no! They are to be called names—they are to be reviled without mercy: the principal actor in the scene is to be held up to contempt and ridicule by a person whose *professional* character (pray, Mr. Printer, do not forget to print the word *professional*) is not of the very highest order; but who must know, if he knows any

thing, that every mortal is subject to mistake; and, what is more, that had the real nature of the accident been at first ascertained, no better mode of treatment could have been practised in the first instance than that adopted by Mr. Stanley. Suppose the Editor had said that a mistake had been made—that the jury came to a proper conclusion—that the evidence of the existence of the pebble was conclusive—that it was a case full of instruction to the whole profession—that it would teach caution, and ultimately be beneficial to all—but that it left the professional character of the surgeon untouched, and by no means proved any want of knowledge on his part—I could have agreed with all such remarks, and have even thought that (though unpalatable) they might be productive of good. At the end of this precious paper, there are no less than six views of the pebble extracted from the patient's knee. Is it meant thereby to impress the superficial reader with a notion that six pebbles were taken from the limb?

Next in order of succession comes Dr. Macleod's trial: this is rather a tame business; but at the conclusion, after a painful effort to announce the verdict, it is stated that this was followed by a general laugh—a circumstance, by the by, to be found *exclusively* in the *Lancet*, and which shews the superiority of its information. I should wish to ask the amiable Editor, whether HE laughed upon this occasion? I have read somewhere of a *risus sardonius*, the common attendant of deadly convulsions; and, perhaps, the laugh he alludes to might be of that kind: or, perhaps, it might have been Dr. Macleod's friends that laughed; and then, indeed, I can well believe that the laugh might have been general; for the old proverb says, "let those laugh who win."

There is one little circumstance connected with this trial which I cannot refrain from mentioning:—will it be believed that the Editor of the *Lancet* had the grace and the delicacy to insert in his publication of Saturday, the 17th, two days before the trial, that "the Yellow Goth was, on Monday, to be scarified by Mr. Brougham?"—an observation that excited the utter disgust of all who read or heard of the above notice, including Mr. Brougham himself; and which, if it had been admitted as evidence, (and that it was not arose

from a mere technical error,) would, unless I am much mistaken, have converted the five pounds into a much larger sum. As it is, I wish the worthy Editor all the joy he can derive from the contemplation of the figure he cut upon this trial, as well as upon the moral effect it has produced, and will continue to produce, throughout the medical public.

One word more upon that truly touching paragraph about his Majesty's supposed precarious state of health. It is easy to see where this intelligence has been obtained; but if the truth be as above-stated—if his Majesty really be so ill as insinuated—I may be allowed to say that his Majesty must have very bad advisers about him, for he seems to hold Cabinet Councils, to receive company, and to persist in eating and drinking in a most regular and unpatient-like manner. The whole paragraph is a piece of solemn absurdity; and as those who are *really* his Majesty's medical advisers do not think it necessary to issue a bulletin, his liege subjects need not much alarm themselves by the "*extraordinary-ordinary*" information of the *Lancet*.

Q. IN A CORNER.

ANALYSES & NOTICES OF BOOKS.

"L'Auteur se tue à alonger ce qu'il le lecteur se tue à abrégér."—D'ALEMBERT.

Researches into the Causes, Nature, and Treatment of the more prevalent Diseases of India, and of Warm Climates generally; with numerous coloured Engravings. By JAMES ANNESLEY, Esq. late Surgeon to the Madras General Hospital, &c. &c. Vol. I. imperial 4to. pp. 687. Price seven guineas.

WE have been favoured with a sight of this splendid work, now on the eve of publication, and although chiefly intended for the intertropical practitioner, yet we cannot think that it will be devoid of interest to those of the profession who are never destined to leave our foggy atmosphere for "the clime of the East, and the land of the Sun." We owe it to the boldness of desperation, to which our medical brethren in

India were frequently driven, in their treatment of the sudden and devastating diseases of the climate, that we have become acquainted with the full powers of some of our most efficient medicines. The diseases of warm climates scarcely differ from those of more temperate countries during very hot weather, though rendered more intense by more powerful causes; they are, therefore, well worthy of our attention—we behold them, as it were, magnified, and may thus often mark shades of difference otherwise too minute to be noticed.

The work before us has been published under the immediate auspices of the East India Company, and neither labour nor expense has been spared. Mr. Annesley has been for 25 years in various parts of India, in the public service, and during that period has habitually taken daily and hourly reports of the numerous cases which have fallen under his care, frequently noting down bed-side observations of any thing particularly striking. From the impossibility of making preparations of the morbid parts, after the usual manner, the Author was induced to have recourse to drawings, taken in general a few hours after death; so that the warmth of the climate has, in fact, enabled him to give a more correct delineation of morbid structure than could otherwise have been obtained.

It will be evident that such materials may be wrought up into a form of the utmost value to a young medical officer just landed in India; for it is only when fortified by the experience of those who have been equally diligent and observant as our Author, that it is possible successfully to combat diseases which are too rapid in their progress to destruction to admit of speculation or hesitating delay.

It would be impossible to present our readers with any thing like a complete analysis of the present volume, in the narrow limits to which we are constrained. There are 130 cases detailed, and we shall have to wade through nearly 700 imperial quarto pages of letter-press: of course we must omit much that is valuable, referring to the work itself for farther information.

BOOK I.—The first chapter is taken up with a treatise on Digestion and the functions of the liver, stomach, &c.; and as it is purely elementary, and con-

tains nothing of novelty, we must pass it over; nor do we exactly see the propriety of loading the book with what every one must be acquainted with to whom such a book could be serviceable.

We then come to the causes of disease in warm climates; and here we must beg to pass over a great deal connected with miasmata, having so recently presented our readers with the principal circumstances, in our analysis of Dr. Macculloch's Treatise. We may state that Mr. Annesley attributes much to the decomposition of animal matter, as insects, reptiles, &c. in addition to the insalubrity of the miasmata from decayed vegetables. Besides the usual effects of malaria in producing fevers and dysentery, our Author observes that "there is seldom seen, within the tropics, a case of disease in which, upon dissection, the liver and spleen are both sound," even where the patient has never laboured under fever or dysentery.

As intimately connected with the causes of disease, we are next presented with sketches of the climate, soil, and seasons of most of our possessions in the East and West Indies, as well as of other parts of the world exposed to a high temperature; and this comparative healthiness is shewn by tables and medical returns of the prevailing diseases. For these particulars we must refer to the volume itself: they appear to have been drawn up and collated with a great deal of care and industry, and will doubtless be found highly advantageous to the medical practitioner in those countries.

Besides the miasmata, the Author believes that the diet and regimen of Europeans in warm climates are frequent causes of disease; and that were it not for the state of constitution induced by the latter, the former cause would often be insufficient. The chapter upon this subject is uselessly prolix—it resolves itself into the fact that an Indio-European is very apt to over-feed himself with stimulating articles of food, curries, rich meats, &c.; and to quench the thirst thus excited, he washes down his meals with copious libations of beer, wine, and brandy. All this, as may be supposed, induces plethora, and too great excitement in the digestive organs. Mr. Annesley's tedious explanations of the rationale of these circumstances, would lead us to suppose that he intended his stupendous

volumes chiefly for the perusal of young beginners.

The Author believes that he has frequently prevented serious illness by watching closely every little deviation from health in soldiers exposed to causes of disease, and insists upon the necessity of attending more than is usually done, to what are called slight bilious derangements, or stomach disorders: such feelings are often warnings of the more serious ailments, which too soon and too suddenly break out, to put all human skill at defiance. The premonitory symptoms peculiar to each disease, and the mode of treating them, we shall mention presently. It may be sufficient here to state, that these signs are to be looked for in the condition of the pulse, tongue, skin, evacuations, countenance, and general tone of body and mind.

BOOK 2.—*On Disorders of the Stomach.*—These rarely exist in tropical climates as distinct from more serious diseases of the liver and intestines. The symptoms of dyspepsia much earlier become very severe, and the consequent disorders of more important organs soon attract the principal attention. In every stage of dyspepsia, the practitioner is advised to attend most carefully, and in person, to the appearance of the stools; even to make a point of stirring them up with a stick. The presence of too much, or of vitiated bile in the fœces, is always to be looked upon with alarm. Sometimes the bile appears quite unmixed, as if it had been suddenly poured out from the gall-bladder, and propelled rapidly through the intestines, owing to the irritation it excited. The bowels are at first usually costive; and this condition, after a time, alternates with a discharge of some offensive and irritating watery stools; and the fœces at all times are very offensive, very dark, and, indeed, almost black;—though sometimes the colour varies, and they are greenish, with a sour smell, or pale and clayey, and of a putty consistence.

Some of the cases of dyspepsia are accompanied with a craving appetite; in others, the appetite fails. The former are the most difficult to cure; for, in the latter, the patient is more easily alarmed, as there is generally more nausea, and loss of spirits and strength; he, therefore, applies earlier for advice. Besides which, his low

diet, to which his appetite inclines him, keeps his stomach free from the quantity of matter, which would only lie undigested, and keep up the irritation and the disease. If the pulse becomes quick, if there be nausea to the extent of retching, if there be pain and tenderness in the epigastrium or right hypochondrium, then the practitioner must be on his guard, lest inflammation be beginning in the mucous coat of the stomach, or the concave surface of the liver, or about the duodenum, gall-bladder, or biliary ducts. It must be recollected, however, that these symptoms may merely depend on “altered sensibility of the nerves of the stomach.” This chiefly happens in weakly and nervous constitutions—in hysterical females, and in gouty subjects.

For the treatment of dyspepsia, the author recommends a bland and moderate diet, with alkalis, gentle tonics, and aperients; and as the liver, in hot climates, is generally affected, a grain and a half of blue pill every night may be taken. If the liver be torpid, he advises to begin with an emetic of ipecacuanha. In more disordered states of the alvine excretions, from 10 to 20 grains of blue pill may be given every second or third night, followed in the morning by a warm, bitter, purging draught. In still more aggravated cases, an equal dose of calomel (10, 15, or 20 grains) may be substituted for the blue pill, and a large blister may be placed on the pit of the stomach, and over the liver; active purgation and enemata should also be resorted to, till the fœcal evacuations put on a more healthy appearance. We must not be too ready to suppose that the condition of the stools is the effect of the medicines used. Neither must we be too negligent upon this point, but keep a strict watch. Where there is much acidity in the stomach, much benefit has been obtained by a combination of carbonate and acetate of ammonia. As a gentle tonic, the *Shayraet* (*Gentiana Chirayita*), or wormseed plant, is much used in India, and may be advantageously combined with infusion of senna.

Gastritis, as a primary, acute, and uncomplicated disease, is rare in India; but chronic or erythematic inflammation of the mucous coat of the stomach, is rather frequent. The symptoms of the latter are heartburn, pain in the region of the stomach, particu-

larly after eating, and with a feeling of constriction; slight fever, thirst, a red state of the fauces and edges of the tongue, the latter having a white or yellowish coating; the appetite is variable; the digestion slow and painful, and accompanied with acrid, acid, and rancid eructations, and occasionally vomiting. All these are scarcely more than the symptoms of dyspepsia; but as the disease advances, the appetite disappears, the vomiting is frequent, and the patient is only comfortable when food is nearly entirely abstained from. There is much thirst, and heat about the præcordia—bowels are sometimes torpid, at other times relaxed. As the disease goes on to ulceration, the pain, heat, and vomiting, are more urgent; as are cardialgia, and the sense of constriction. There is also hectic fever and emaciation. Before ulceration, the matter vomited is mucous and glairy, with sometimes small whitish flocculi amongst it. After ulceration, which begins in the mucous follicles, the matter vomited is dark coloured and grumous. The vomiting, pain, and fever, now become more constant, and the patient sinks; death being often hastened by the ulceration being extended through the peritoneal coat. The slow fever, and the constant existence of all the symptoms, point out this disease as distinguished from mere dyspepsia, though they are often confounded. On dissection, the coats of the stomach are generally thinner and softer than natural; sometimes it is just the reverse, and the viscus is found much contracted. Ulcerations of various depths and sizes are found studding the villous coat, discharging a sanious fluid, and generally most numerous near the pylorus and cardiac orifice.

The author here relates two cases, in neither of which was the disease suspected by the surgeon who had the care of the patients, and in which steel and bark were given, remedies of course highly improper. The patients died; and dissection shewed no other diseased structure except the minute ulcerations in the mucous lining of the stomach. We cannot imagine what principle these two meagre and unsatisfactory cases are meant to illustrate; as they were so obscure as to be easily mistaken, and consequently wrongly treated. There has been of late a great deal of discussion about subacute inflammation and

morbid sensibility; but, unless some advantage to the patient is to be obtained by the theoretical adaptation of the treatment, we should think it of little consequence what the disease was named. If, by *calling* it inflammation, we are led to treat it as such, and that treatment is found more useful than another mode adapted theoretically to relieve morbid sensibility, some good may be elicited by the discussion; but mere fanciful and nominal distinctions, unconnected with practical results, are not worth talking, much less writing about.

Acute Gastritis.—The symptoms are very fully and accurately given by the author, but it would take too much space to relate them. He believes that the termination in gangrene is not so frequent as is generally supposed; but that death often occurs from the mere extent of the inflammation, before it could have had time to have run on to gangrene. He also hazards an opinion, that sometimes the appearance of sphacelus, which has been detected on dissection, is the result of the natural dissolution of the body going on after death, and did not exist to so great an extent during life. Of the causes of acute gastritis in India, we may mention stimulating food and drink; acrid and indigestible articles of food; drunkenness, and afterwards exposure to night-air and damps; fits of passion; regurgitation of acrid bile into the stomach; sudden cold applied to the body when heated; and drinking cold liquids when in a perspiration. The latter cause is very frequent with young soldiers on a march: an old stager only washes his mouth with water, or holds a pebble or a piece of alum in his mouth.

The author here details a case of most “acute gastritis, mistaken for cholera,” not under his own care. We must confess that it does not appear to us a case of pure gastritis by any means: there was violent retching and vomiting; pulse not to be felt; extremities cold; occasional purging of watery fluid, *without any admixture of bile*. Nothing is said of pain at the epigastrium, but we are led to infer that there were *cramps*, because on the next evening it is reported that they were less severe. On the 4th day the stools became bilious, and he threw up an amazing quantity of bile; soon after which he died.

Dissection:—some inflamed spots about the cardiac orifice of the stomach, and the pylorus and head of the duodenum were also inflamed; and this inflammation *extended through the duodenum and jejunum*, where it stopped. “The *ductus communis cholidicus* was more open than we (the author) have ever seen it in dead subjects, and there was considerable inflammation about its orifice.” The small intestines were much darker than usual, and thickened: the ilium was of a purple colour: liver of a darker colour than usual. Surely the most urgent symptoms arose from the inflamed state of the bile, duct, and the intestines in the neighbourhood.

On the treatment of gastritis the author is able to speak with all the decision of extensive experience. It is antiphlogistic, according to the acuteness. In moderate cases, 20 to 40 leeches to the epigastrium and hypochondria, followed by a large blister, and a full dose of calomel and opium; purgative clysters till the stomach is able to bear other opening medicines. The leeches in India bite so deeply and largely that it would be dangerous to apply poultices after they have dropped off; but as soon as they have sucked long enough, the bites must be smeared with a styptic: in this way the quantity of blood drawn by them may be easily regulated. In case 5, the author mentions, in the more acute cases, that 20 leeches bled to about twenty-six ounces: this he calls bleeding well! Bleeding, as well as leeches, is required; and when the blister is drawing, 20 grains of calomel, and three of opium, are to be given; and these processes repeated if the symptoms are still unsubdued. Where gastritis arises from acrid, poisonous, or even indigestible substances taken into the stomach, the author recommends an emetic or stomach pump.

The diet must be perfectly unirritating, and the patient must be very careful, on recovery, not to transgress in this particular.

In cases of chronic disease of the stomach, whether the result of a life of intemperance, of frequent attacks of inflammation, of incipient ulceration of the mucous coat, or of incipient schirrus, the author recommends Hydrag. et Cretâ and soda, and small doses of ipecacuanha, combined with the extract of hop, white poppy, or dandelion.

Cooling and mucilaginous medicines also, or in cases of great debility the sarsaparilla, or Iceland moss. The body may be sponged with vinegar, or nitromuriatic acid; and the latter may be used as a drink. If there be any sickness, or pain at the epigastrium, blisters and leeches are to be applied.

[To be continued.]

MEDICAL GAZETTE.

Saturday, March 1, 1828.

“Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso.”—CICERO.

LIBEL.

WE last week laid before our readers an account of the recent trial for libel in the Court of King's Bench, taken from two of the Morning Papers. We congratulate the profession on the result, which cannot fail to prove of public service, as it has afforded a striking illustration of that want of good faith on the part of the *Lancet* which we have so frequently had occasion to denounce. The Editor of that Journal has been proved, before listening crowds, to be utterly destitute of a quality, without which no one can be respected—without which, all his gravest statements, his most confident assertions, his most solemn appeals, “pass by us as the idle wind, which we regard not;” without which, a man in private life is despised, and a public writer becomes a general by-word and a scorn:—that quality is truth. Thomas Wakley stands convicted of falsehood, before one of the most impartial judges who ever sat upon the bench; and his name is recorded as a libeller in the two first courts of justice in the kingdom; so that hereafter, any one who believes an assertion, simply because it is made in the *Lancet*, must himself be as weak as the authority which he trusts is contemptible.

The attack on Dr. Macleod, which formed the grounds of this action, is founded on a double falsehood; first, that he had never published a certain case—whereas he had published it five weeks before it appeared in the *Lancet*, — and secondly, that he had fabricated the failure of a certain case; whereas the death and dissection of the patient too clearly proved that there had been a failure indeed, but no fabrication. Confiding in past experience, the Editor of the *Lancet* seems to have thought that the boldness of the lie would prevent it from being suspected; or that some, at least, would hear the calumny whom its refutation would never reach. Like a true bully, he systematically attacked the only Journalist who never answered him; and, presuming on his forbearance, thought the plaintiff one whom he could calumniate with safety. No sooner, however, was he served with a notice of action, as he himself informs us (*Lancet*, No. 197.), than he penned a cowardly and disingenuous explanation, in which, with a contempt for the understanding of his readers, and a disregard to the damning records of his own pages (extraordinary even in the Editor of the *Lancet*,) he denies that his remarks were ever of a personal nature. “On no occasion,” says he (*Lancet*, No. 197, p. 316), “have we intruded on the boundaries of private life; on no occasion have we alluded to, much less traduced, private character.”!! Artful and hypocritical as this paper was, and obviously written with a view to defeat the ends of justice, his counsel knew too well the disgust it would excite to allow it to be produced on the trial. Yet, having made these assertions—manifestly untrue as they were—and having pleaded the general issue, by which he admitted that he could not prove what he had asserted, he continued to give vent to the pernicious workings of his unhappy mind, in frequent and intemperate ebullitions; all

of which betrayed the rankling of “the worm that will not sleep, and never dies!”

For an exposure of the chicanery by which an important part of the evidence against Wakley was rendered inadmissible on the trial, we refer to Dr. Macleod’s letter in a preceding part of the present Number; and we earnestly call the attention of our readers to it, as affording a useful caution to those whom his good example may induce to adopt the only efficient means of stopping the slanderer’s mouth. Let the other members of the profession who are libelled prosecute as Dr. Macleod has done—as Mr. Earle is now doing—and they will soon rid themselves of an evil which, but for their own supineness, would long ere now have ceased to exist. The members of our profession have been so long accustomed to hear charges having no foundation made the grounds of virulent abuse, that they seem to think there is no limit to editorial privilege, and that it is scarcely possible for any language to constitute a libel. Let them be undeceived by the result of this action; and let them throw aside that forbearance which they have hitherto so long observed—whether it be the forbearance of indifference or of contempt, it is equally unwise. We have a right, individually, to forgive or to despise private wrongs; but when a whole profession has been outraged the injury to each individual becomes a public evil, and he is called upon, by taking a decided part, to contribute his separate share towards the general good.

One great advantage gained by the result of this action is, that it has opened Mr. Brougham’s eyes to the degrading situation in which he was placed. He was, obviously, highly offended at the use which had been made of his name, and thoroughly disgusted with his client. We repeat, that his eyes are opened to what all the medical world knew

before, that Wakley considered, and represented him as a blood-hound; held in leash, to intimidate those whom he thought fit to calumniate, and to deter them from seeking legal redress. If any one dared to do so, notwithstanding, he was ready to let him loose upon his prey; confident that whatever damages a court of justice might award, the plaintiff would at least return home with outraged feelings; and that whatever wounds might previously have been inflicted on his character, Mr. Brougham would still farther aggravate and fester those wounds by the venom of his irony. Such is the unworthy use which has been made of Mr. Brougham's peculiar and splendid talents. Mr. Packwood used to boast that he kept a poet to write puffs of his razor strops; but Mr. Packwood's poet had an enviable office to that which Mr. Wakley would have wished to impose on one of the most distinguished members of an honourable profession.

Mr. Brougham is himself, at this moment, looked upon as, in some degree, the head of a future medical school—the London University—and on this account especially the eyes of our profession were upon him. We know that he has miserably disappointed his client; but he has entitled himself to the gratitude of all respectable men, by proving that, though obliged by the usages of the bar to appear for the defendant, from whom he has the misfortune to have received a general retainer, still that he disdained the unworthy task which had been assigned him.

Had the trial accomplished no end but that of shewing the profession that the terror of Mr. Brougham is a mere *bug-bear*, held up by the *Lancet*, to keep them in awe, it would have done essential service. It was announced that the “Yellow Goth would be scarified;”—instead of which, the only

scarification employed was towards Mr. Wakley, whose conduct Mr. Brougham declared to be “most injudicious;” and in whose favour, although his client, he had not one word to say. All this we know was gall and wormwood to Wakley, who hoped, even if he lost his cause, that his rancour would be gratified. The whole tide of feeling in the court went against him; and when the amount of damages was declared, this sentiment was manifested by a general and unequivocal murmur of astonishment that it was so small. For ourselves, we never thought the case one in which heavy damages were required, because the plaintiff did not even attempt to shew that he had sustained any loss. Besides, the estimate of a jury in such cases seems to depend on mere chance, or on the particular opinions and feelings of some individual among them. In the instance before us, they appear, in measuring the damages, to have been guided by the character of the individual from whom the libel proceeded, rather than by the extent of injury which he had unsuccessfully attempted to inflict.

“ERRONEOUS ASSERTIONS.”

As we are ever ready to assist, as far as possible, in recording the truth, and as Mr. Lawrence complains of “erroneous assertions” having been made by one of our contemporaries, so important as to call for a formal contradiction from that gentleman, we are sure he will feel obliged by our rendering his refutation of Dr. Johnson's important “mis-statements” still more extensively known.

Mr. Lawrence to Dr. Johnson.

18, Whitehall-place,
13th Feb. 1828.

SIR,

A FRIEND of mine, who reads your periodical publication, has sent me the two last Fasciculi, calling my attention to two statements which they contain respecting myself. As you address to

me, in one of these, a kind of challenge either to admit or deny it, and as both are contrary to fact, I think it necessary to notice them; and I beg that you will insert this letter in your next Number, that my contradiction may reach those who have seen your erroneous assertions.

In your comments on the case of Mrs. Denmark, you say, “we have been informed, on the very best authority, that on the very day after the operation, and afterwards on the 10th or 12th day, consequently before the ligature came away, the pulse was distinctly felt by Mr. Lawrence and others in the right arm. If this information be incorrect, Mr. Lawrence can easily contradict the statement, when we will give our authority, who also felt the pulse.”—*Fascic. II. p. 469.*

I did not see Mrs. Denmark on the day after the operation, nor within a week of that time. I have seen her only once since she was operated on, namely, about the 10th day. I then visited her with Dr. Tweedie, at the invitation and in presence of Mr. Wardrop, of whom she was a private patient. I do not remember the details of her symptoms at that time, having no inducement to make minutes of a case under the care of another gentleman: but the impression on my mind is, that a feeble pulsation could be felt in the right radial artery. I am not certain whether I ever saw Mrs. D. before the operation; if I did, it was without having the opportunity of inquiring minutely into her case, or forming an opinion respecting the treatment that it required.

In describing the case of J. Nowlan, you say “on the 13th day he was better, but the eye-ball was found to be greatly protruding, which was attributed, by Messrs. Lawrence and Wardrop, to a powerful compression on the brain, exercised by an aneurismatic state of the vessels of the dura mater, communicating through the skull with the tumor on the head.”—*Fascic. III. p. 500.*

I never entertained nor expressed any such opinion.

Having thus taken the trouble of contradicting two mis-statements, because they involve others as well as myself, I beg that your readers will not consider that I admit the correctness of those representations which I leave uncontradicted. Your report of the proceedings

of the Medical and Chirurgical Society, contained in the same Fasciculus, which ascribes to me the absurdity respecting the case of J. Nowlan, would alone render it necessary for me to enter this protest. I shall make no remark either on the correctness of that report, or on the kind of taste and feeling which it displays. The former will be best estimated by those who were present at the meeting, while I doubt not that the latter will be properly appreciated by your readers generally.

I remain, Sir,

Your obedient servant,

WILLIAM LAWRENCE.

Dr. Johnson's Reply.

LET us now see what foundation there is for all this supercilious and taunting exposure of supposed mis-statements.

1st. In respect to Mrs. Denmark's case, the pulse *was* felt in the right arm *on the very day after* the operation, by Dr. Barry and others, (who have made no secret of it)—on the 10th day, by Mr. Lawrence himself, according to his own admission. The facts, therefore, respecting the pulse, are strictly correct—though by not exactly assigning to the observers the precise dates of their respective observations, we have made Mr. Lawrence (in the place of “others”) appear on the second, instead of the tenth day after the operation. We say again, the *facts respecting the pulse are strictly correct*; and the whole of this mighty error consists in putting “Mr. Lawrence” before “others,” in the statement. We give Mr. L. all the glory he can claim, for the detection of such “erroneous assertions.”

2dly. Mr. Lawrence evidently thinks he has branded *us*, beyond redemption, with the stigma of MENDACITY, in the case of J. Nowlan. Let us see what the “invaluable journal,” the *Koran* of the party, says upon this occasion. In the Report from the HOSPITAL OF SURGERY, (*Lancet*, No. 214, p. 24-5,) we find the following passages:—

“On the thirteenth day, the stupor and delirium had subsided, but the blindness was undiminished, *and the eye-ball was found to be protruding from the orbit*, with œdematous effusion under the conjunctiva, and in the palpebræ.

“These singular and distressing

symptoms (including; of course, the *protrusion of the eye-ball*—*Ed. of Med. Chir. Review*) gave rise to much speculation, as to the cause of their occurrence; some *physiologists* ascribing them to a want of sensibility in the brain and its nerves, owing to a deficiency in the supply of its stimulus the blood, and resembling that state produced in the lower extremities of the inferior animals, by a ligature of the aorta; or that loss of sensibility in the fingers of man, arising from an obstructed subclavian or humeral artery. *Mr. Wardrop and Mr. Lawrence were inclined, however, to take a very different view of the symptoms, and to ascribe them to a morbid state of the brain itself, arising, in all probability, from an aneurismatic affection of those vessels of the dura mater which, by passing through the cranium, communicate with the superficial arteries of the head, forming, in fact, internally, a part of the disease which was so conspicuous outwardly, and thus by their enlargement exerting a powerful compression on the brain itself. This opinion was highly corroborated by symptoms afterwards noticed. viz. by the great protrusion of the eye-ball, and by the circumstance that the thrilling pulsation was most observable in the centre of the tumor, at that point where the cranium appeared almost completely absorbed, and where, in all probability, the freest communication existed with the vessels supplying the membranes of the brain.*”—*Lancet*, 6th October, 1827.

As there is reason to believe that Mr. Lawrence is not always obliged to a friend for a sight of the *Lancet*, (as he is for our Journal, of the existence of which he seems to have accidentally heard some time in February, 1828!) we ask him how it happens that he has permitted such “erroneous assertions” to remain uncontradicted in the said *LANCET*, for more than four months, reserving all the fire of his indignation for us, who only *re-published* the statement? * How is this long silence of Mr. Lawrence to be accounted for? Is it possible that, while poor Nowlan was *alive*, those ingenious physiological and pathological explanations, which we have quoted from Panton-Square, were permitted to glide down the stream of time, on the pages of the

“*INVALUABLE*,” as coruscations from the mighty intellects of Messrs. Lawrence and Wardrop; but that, four months afterwards, when poor Nowlan’s *death and dissection* dissolved, into thin air, these fairy fabrics of the imagination, Mr. Lawrence started, all at once, from his halcyon slumbers—loudly declared that he had never enunciated any thing of the kind—that the whole was an “*ABSURDITY*”—and an “*erroneous assertion*” by Dr. Johnson!!

Whether Mr. Lawrence may chance to “catch a tartar” in this crusade, remains to be seen. At all events, he has placed upon record, (inadvertently, no doubt,) his OWN SOLEMN TESTIMONY to the MENDACITY of the *Lancet*: and, in aiming a dagger at the veracity of Dr. Johnson, he has plunged that instrument into the bosom of his faithfully—the *Lancet*! We are not among those who see the finger of Providence in every instance of moral retribution, in this world; but we will say, that Mr. Lawrence has brought about a piece of “dramatic justice,” in this scene, which well deserves to be recorded.

As to Mr. Lawrence’s strictures on our *taste and feeling*—this is the “*Devil reproving Sin*,” with a vengeance, after the taste and feeling displayed in “*PAUL’S EPISTLES*” to his bosom friends—Messrs. Cooper, Travers, and Butler! We leave it to the members of the Medico-Chirurgical Society, who heard Mr. Lawrence’s statements, to decide on the correctness or incorrectness of our report, with just as much confidence as Mr. Lawrence does.—(*Med. Chir. Review*, Fas. IV.)

HOSPITAL REPORTS.

ST. THOMAS’S HOSPITAL.

Cases of Anasarca, with Remarks.

Treated by Dr. Elliotson.

CASE 1.—*William Wrighthorne*, æt. 40, admitted January 3, 1828. Ill five weeks; was first seized, after exposure to cold, with pain in chest, cough, &c. pain in the head, and drowsiness; quickly succeeded by œdema of the face (which occurred suddenly), and extended in a few days to the lower extremities. When admitted, had considerable œdema of lower extremities, with some pain in the head; drowsiness, heavy expression of countenance, flushed face, ur-

* The account of this case is acknowledged to be taken from the *Lancet*.

gent cough; some pain in chest, dyspnoea, copious expectoration; some lividity of lips, heat of skin, impaired appetite, thirst; some tenderness and pain of abdomen; *urine rather scanty and albuminous*; no pain in loins, nor evidence of any particular affection of kidneys; pulse 72, full and firm; bowels open.

Venæ Sectio ad ℥j.

R Pulv. Jalapæ et Hydr. Submur. 3ss. quotidie sumend. Low diet.

5.—Blood buffed and cupped, pulse continues pretty firm; urine passed early this morning only *slightly* albuminous; somewhat better in every respect; bowels opened freely.

Rep. V. Sectio ℥j. Pergat.

8.—Blood neither cupped nor buffed, pectoral and abdominal affections considerably relieved; complains still of drowsiness; urine scarcely albuminous, plentifully secreted; œdema subsiding; bowels open, but not freely.

Cont. Pulv. ℥ij. in loco 3ss.

10.—Urine not albuminous; swelling nearly subsided; cough, pain in chest, abdomen, and head, nearly gone.

Pergat.

12.—Very little swelling remains; continued the powders for a short time, and was *cured*.

CASE 2.—*William Pelly*, æt. 22, admitted January 24, 1828. Ill three weeks; was seized with rigors after exposure to cold, and had for some days some pain in the head and drowsiness; when *suddenly* (as in above case) œdema of the face supervened, followed in a day or two by swelling of lower limbs. When admitted, in addition to the anasarcaous swelling of lower extremities, there remained some puffiness of face, considerable drowsiness, some cough (not, however, any urgent pectoral symptoms), *plentiful secretion of albuminous urine*; bowels rather costive, pulse rather full and bounding: no indication of any affection of kidneys.

Venæ Sectio ad 3xx.

Pulv. Jalapæ et Hydr. Sub. 3ss. quotidie. Gruel only.

25.—Blood buffed, pulse more soft; urine contains less albumen, copiously secreted; drowsiness and œdema improving; bowels open.

Pergat.

28.—The last two days urine has con-

tained no albumen; very trifling swelling remains; no cough nor drowsiness.

Potass Supertart. ʒj. quotidie.

Feb. 2.—*Cured*.

CASE 3.—*Robt. Bavill*, æt. 40, admitted Jan. 24, 1828. Ill eleven days. This patient, as the two preceding, was exposed to cold, and seized with pain in the head, drowsiness, and vertigo; cough and dyspnoea; and two days afterwards a *sudden* œdema of the face, which subsided, and the legs began to swell; urine always plentiful. When admitted, there was considerable œdema of lower limbs, which retained for a time the impression of the finger; swelling and fluctuation of abdomen, with some tenderness on pressure; pain in the head, vertigo, and a somewhat flushed face; cough and dyspnoea, with some expectoration, and “soreness” of chest; *urine plentiful*, not albuminous; bowels regular; pulse 60, full and firm.

V. Sectio ad 3xx.

Pulv. Jalapæ et Hydr. 3ss. quotidie sumend. Gruel only.

26.—Blood buffed; is better in every respect; pulse softer; swelling, particularly of abdomen, much less; bowels purged, urine plentiful.

Pulv. Jalapæ et Hydr. Subm. gr. x. quotidie.

28.—Much better; swelling and fluctuation of abdomen entirely gone; legs improving.

Pergat.

31.—Dropsy cured, cough, &c. relieved; tenderness of abdomen gone, head better.

Feb. 2.—The pain in the head and vertigo returned with considerable violence; other symptoms remain as last report.

V. Sectio ℥j.

The blood drawn was buffed, and some relief afforded; but still the cephalgia continued several days, and required a repetition of the general bleeding, several applications of leeches, and a blister; when the patient was cured.

CASE 4.—*E. K.*, æt. 55, admitted Jan. 3, 1828; Dorcas Ward. Ill seven weeks; was first seized with urgent vomiting and gastrodynia, and in four days œdema of face *suddenly* supervened, which gradually extended, first to the left arm, then to left leg, and at length, in four days, to right leg, each extension of the swelling being

accompanied by some heat and redness; urine during the whole time plentifully secreted. When admitted, infiltration of lower limbs continued; *urine abundant, not albuminous*; pain and tenderness of precordia, with frequent vomiting, sometimes (as on the morning of admission) very urgent; pulse firm, not very full.

C. C. ab Epigastrio ad f. \bar{z} xij. et postea appl. Empl. Canth. Hydr. Submuriat. gr. v. bis die sumend.

8.—Better; gums rather tender; vomiting, gastrodynia, and tenderness in precordiac region, less urgent; swelling subsiding.

Hydr. Subm. gr. v. O. N.

12.—Swelling entirely subsided; no tenderness of left side; complains much of "heartburn," with some vomiting, and constant pain in the head.

Appl. Hirud. xij. temp. quotidie.

Acid. Hydrocy. \mathfrak{m} ij. ter die.

The hydrocyanic acid relieved the gastric affection in three days, when it was discontinued. The following day the gastrodynia returned; it was again resumed in dozes of \mathfrak{m} ij. *ter die*, and increased in four days to \mathfrak{m} iv. *ter die*, when the pain entirely disappeared, and did not return. The head was relieved by several applications of leeches.

REMARKS.—Much has been written, practical and doctrinal, on dropsy; many and various opinions have been advanced as to its nature; but authors are now generally agreed that it not unfrequently depends on inflammatory action in one or other of the tissues. The nature of the cases here presented is sufficiently evident: they all agree as to their origin—from exposure to cold; the immediate effect of such exposure—inflammation in one or all of the great cavities; the more remote effect—*sudden* infiltration into the cellular tissue of the face; and the ultimate consequence—the extension of such infiltration to the extremities. They also agree in the nature of the remedies employed—bleeding and purging; in their effect—the cure of the patient. They do not, however, agree in one symptom, and to this we wish more particularly to draw attention, viz. the state of the urine. In cases 1 and 2, the urine was albuminous; in the two others it was not so. In one of the cases, the urine, from the first accession of morbid action, was scanty, as

well as albuminous; in the other three it was always plentiful.

Some authors have attempted to prove that this albuminous state of the urine depends on inflammatory action in some part of the system, and that, therefore, its presence is a criterion for the employment of the lancet; but although the cases do not disprove this assertion, they prove that the *converse does not hold good*, viz. that where albumen is *not* present, bleeding is not to be employed; a fact which has, however, been before noticed.

A late writer* has attempted to explain the phenomenon in question, by affirming that it depends for its production on a disordered function, or alteration of structure of the kidneys themselves. That the latter was not the case in the instances before us, is proved by the rapid recovery of the patients; that the former was not, will, we think, after a little consideration, be admitted. Supposing, for a moment, that there existed functional derangement of the kidneys, some cause must operate to produce it; and looking at the symptoms, as well as at the diathesis which existed, an inflammatory condition of those organs would appear the most likely to supervene. But we have no evidence of such a condition—every symptom of nephritis was absent; suppose some inexplicable, hidden cause operating, why was not the phenomenon observed in all the cases, seeing that the same train of symptoms was present, and that similar measures cured the patients? In short, it appears pretty evident that no explanations hitherto offered satisfactorily account for the presence of albumen in the urine; and that little benefit in practice can accrue, without further investigation, from a knowledge in any particular case of its presence or absence.

S.

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We beg to direct the attention of our readers in the Borough to an interesting case of Aneurism of the Arteria Innominate, which was admitted on the 21st, under the care of Mr. Travers. Our limits prevent us from being able to insert any details of it in the present Number, but we shall give an account of the case next week.

* Dr. Bright's Reports of Medical Cases.

MIDDLESEX HOSPITAL.

Case of Popliteal Aneurism.

THOMAS THODY, æt. 40, a coachman, presented himself at the surgery of this hospital, on Saturday, the 20th October. Upon examination, a throbbing was felt at the back part of the knee-joint, proceeding from a small tumor in the popliteal cavity. This was recognized by the house-surgeon to be a popliteal aneurism. The man was, therefore, recommended to become a patient in the hospital; and, in the meantime, to avoid walking about. He returned on the 22d October, and was admitted under Mr. Bell's care.

It is about a month since he first perceived a stiffness and slight pain in his knee; after which, he took a long walk, thinking that the inconvenience he experienced proceeded from rheumatism, and that he should be able to "walk it off." The pain, however, was greatly increased after this exercise, and he applied fomentations. It is two months since he has had a place as coachman, and he has not been on the box since that time: he never felt any thing suddenly crack about his knee, nor has he had any violent strain of any kind that he can remember. Three months ago he had a very severe attack of gout in both feet: otherwise, he has been of a very healthy constitution, and, he says, he has lived a sober life.

Nov. 3d.—This man has been kept in the hospital that he might be reconciled to the necessity of an operation, that the œdema of his leg might subside by his being confined to the horizontal posture, and also that he might be accustomed to the air of the hospital. The leg, which for some time after his admission was swollen and tense, is now reduced to its natural size. There is less tumefaction over the tumor, and (perhaps on this account) the pulsation is felt more distinctly than before.

Operation.—The thigh was short and fat, and the artery could not be felt pulsating at the place of the incision. A cut of about three inches and a half in length was made in the direction of the artery, the centre of which incision was about one-third down the thigh. A few strokes of the knife divided the integuments and a thick layer of fat, so as to show the fascia in the whole

length of the incision. The fascia was punctured, the directory run under it, and then it was opened with the knife. This disclosed the margin of the sartorius muscle. The operator then dissected a little under the edge of the muscle, and with a strong blunt hook raised it, and gave it to the assistant to hold aside. The fascia which covers the artery and vein was now seen, but no vessel could be distinguished at this stage of the operation: the fascia being scratched open with the point of the knife, the directory was introduced under it, and it was slit up a little way; and now the artery could be distinguished, but no pulsation was perceptible: a small nerve ran directly over the artery. The forceps and the silver knife were now employed to disengage the vessel a very little. Some doubt having been expressed, whether it really was the artery which was exposed, the operator requested his assistant to put his hand upon the aneurismal tumor, which was found to be pulsating: he then put the point of the aneurismal needle by the side of the artery, and pressed the vessel against it with his finger: the pulsation in the tumor immediately stopped. On this, the aneurismal needle was passed under the artery. The ligature consisted of three silk threads: a single knot was cast upon it, and the pulsation of the tumor immediately ceased; another knot was cast, and then one end of the ligature was cut off. It should have been noticed, that before tying the knot, the thread of nerve which lay upon the artery was lifted up, and purposely cut away. The remaining end of the ligature was passed through the eye of a small needle, and brought through the integuments an inch distant from the incision, on the outside: the wound was then brought very accurately together with adhesive straps; simple dressing was applied; and a very light roller put round the thigh.

In the evening, the patient did not complain of pain: there was no increase nor diminution of heat in the knee or limb. As the patient, however, complained of weariness from remaining in the same posture, he had 25 drops of laudanum administered.

8th.—This patient has had no bad symptoms: his leg is comfortable, being apparently of a natural temperature: there is no perceptible increase

of heat or swelling about the knee, or round the incision. The bandage was stained with blood on the first evening, there having been a slight oozing while the patient was carried from the operating-room to bed. It is now dry and incrustated. To-day the wound was dressed: the edges seemed in a healthy state; but, in the centre, matter has formed, yet the lips of the wound are not much apart. In the evening, the house-surgeon thought he could perceive a slight pulsation in the tumor.

9th.—He slept well last night, and makes no complaint: the pulsation was distinctly perceptible to the house-surgeon in the morning, but it diminished during the day, and in the evening could not be perceived.

11th.—The pulsation of the tumor is again perceptible, but it is so slight that it may rather be called a thrilling. The patient says he is conscious of a peculiar sensation, as if the blood were passing through the swelling. There is neither increase nor diminution in the size of the tumor. There is no increase of heat in the knee nor in the thigh around the wound to give rise to the dread of inflammatory action in these parts.

17th.—(14th day from the operation.) To-day, in dressing the wound, Mr. Bell drew the ligature out two inches: he thinks it is retained in the skin by the knot. The wound is uniting kindly, and the discharge is much diminished: there is no œdema in the ankle, nor swelling any where.

18th.—To-day the ligature was found loose upon the dressings.

19th.—During the night the patient awoke, felt the limb wet, and discovered by the night-lamp that there was blood issuing from the wound. The assistant house-surgeon, whose chamber is adjoining to the ward, was in a few moments by the bed-side of the patient, and he compressed the artery at the groin. He found the blood florid and arterial: the patient had lost about eight ounces. Mr. Halford then sent for Mr. Poole, (the house surgeon) and the tourniquet was applied. Mr. Bell was sent for at half-past 3 in the morning. He was prepared to enlarge the incision, and to tie the artery; but he found, upon relaxing the tourniquet, that there was no hæmorrhage; he, therefore, dressed

the wound, and adjusted the field-tourniquet, and sent for his dresser to sit by the patient. Having waited an hour, he recommended, that if the hæmorrhage returned, the attendant should compress the artery at the groin, and apply a compress of lint upon the wound, avoiding the use of the tourniquet, if possible.

One o'clock. — To-day there has been no return of hæmorrhage. The wound has been washed out carefully: a small clot still remains in the bottom, which was not interfered with. The lips of the wound were brought accurately together by means of adhesive straps. Some dressing and a compress were then placed over the wound, and the limb was rolled from the heel to the groin. The bandage on the thigh is to be kept wet with the sponge, and the patient is to live very low and to be kept quiet. His pulse, tongue, and countenance, are good. We should have noticed, that there has been considerable starting of the limb, which is attributed to the alarm of the patient.

20th.—To-day the wound was dressed as yesterday: every thing promises well; there is no swelling, nor unusual heat of the leg.

21st.—To-day the limb was again carefully dressed and rolled: the wound was almost completely united. Before, however, the surgeons had left the hospital, Mr. Halford came down in haste to say, that the bleeding had returned. Mr. Poole compressed the artery at the groin, while the dressing was taken off, and the tourniquet applied. The bandages were stained with crimson blood; and upon removing them, dark coloured blood flowed. To obviate this, Mr. Bell put a roller round the thigh below the wound. The wound was now enlarged about three-quarters of an inch upwards, and the finger used to undo the adhesions; after which, a dissection was commenced to look for the artery, which being perceived, was pulled out with the blunt hook. The aneurismal needle was then passed under it, a ligature was put through its eye, as in the first operation, and this was drawn under the artery, but not tied. The tourniquet was now loosened; no blood flowed. The patient had some wine given him, and was encouraged by the idea that the operation, and consequently the pain, was over. Notwithstanding, there was

no return of the bleeding. After waiting some time, the ligature was finally drawn around the artery, and the wound was dressed. The lips of the wound were brought closely together by adhesive straps, and the roller applied to the whole limb.

22d.—Some adhesion in the extremities of the wound has taken place; but in the centre it is discharging, and it is necessary to renew the dressings completely. The patient is dispirited, but otherwise well.

23d.—To-day the wound was dressed. The discharge appears to be good, and was not confined: the limb is neither swelled nor hot. The countenance, pulse, and tongue, are remarkably good. He sleeps well, and his bowels are open.

Dec. 3d. (14th day from the second operation.)—Every thing has hitherto proceeded favourably: the poor fellow has remained very quiet, and has submitted to be kept very low.

The wound is healed, except at the place kept open by the ligature. The discharge has all along been considerable. To-day the ligature was removed: it was merely lying in the wound; not a speck of discoloration was the consequence of its removal.

19th.—He is comfortable, and in good spirits. The surface of the wound still discharges. The granulations have been occasionally touched with caustic. For some days past the wound has been dressed with pads upon each side, to keep the edges closer together. There was a little alarm one day, on account of the dressings being stained with blood; but this was found to proceed from some of the granulations being torn.

Jan. 15th.—Although he has continued, since the last report, in a perfectly good state of health, having no complaint whatever, still the small part of the wound which has not united discharges the same quantity of pus as formerly. To-day a note was dispatched by the house surgeon for Mr. Bell to come to his patient, as there was fresh hæmorrhage from the wound. All the dressings around the wound, and part of the bed-clothes, were found stained with blood. The bleeding, which appeared to be venous, had, however, ceased. When the edges of the wound were forcibly held aside, a small hole was perceived at the upper part, through which, it was supposed, the blood had

come. An œsophagous bougie was wrapped round with lint, so as to form a long compress, which was laid along the course of the vessels. Since this time there has been no sort of alarm from hæmorrhage, but the wound remains fistulous.

ST. GEORGE'S HOSPITAL.

MR. BRODIE performed the operation of tying the external iliac, on the 15th, in a man labouring under inguinal aneurism. We shall give the history when the case is farther advanced; at present (Feb. 27) the patient is going on well.

PROCEEDINGS OF SOCIETIES.

HUNTERIAN SOCIETY.

ON Wednesday, the 6th instant, the ninth anniversary meeting of this Society, for the election of officers for the ensuing year, was held.

On the following day the third annual Oration of the Society was delivered by Dr. Robinson, the Treasurer of the Society. Protracted and severe indisposition had disabled the Doctor for the duties of his profession, and he had, therefore, not the power of devoting attention to the object he had undertaken commensurate with his own wishes. He selected as his theme a brief examination of the hypothesis of fever being dependant on inflammation of the brain or its membranes. The reasons he adduced against this view were:—"First, the want of correspondence between the alleged inflammation and the degree of fever; inasmuch as we often see very severe fever with no signs of inflammation, no pain in the head, no vertigo, nor increased sensibility to ordinary impressions of stimuli upon the organs of sense. Second, that those signs which are considered most essential to the inference of inflammation of the brain, are often absent in cases of fever through the whole course of the disease, there being neither delirium, nor severe pain in the head, nor vertigo, nor increased sensibility to light or noise; some or all of which are essential to the satisfactory indications of the inflammatory state. Third, that we have the same proof of the absence of this condition in our morbid examinations after death, there being, in cases of acknowledged fever of very severe

character, no thickening of membranes, no effusion of coagulable lymph, no adhesion of membranes, no formation of pus, no effusion, no alteration of the texture of the brain, either softening or increased firmness. From this he inferred fever to depend on a morbid condition of the vital principle of irritability, of which inflammation will be found no part. He then adverted to the probability that though both congestion and inflammation did certainly often occur in connexion with fever, the state of congestion was probably most frequent, and most intimately connected with the febrile condition; but that we are not yet, probably, acquainted with the signs which indicate that morbid condition. He adverted to the recent modifications in medical practice which had originated in this view of febrile action, and of a state of congestion as being one of the links in the chain of morbid action. He mentioned the practice of V. S. in the cold stage of intermittent fever, recently proposed and practised by Dr. Mackintosh, first in his own person, and afterwards on his patients. He had resorted to this treatment in his own practice in the London Hospital, and considered it likely to become an important addition to our curative means in cases of intractable intermittent fever, and likely to lead to useful improvements in the general treatment of febrile disease."

After the Oration, the members and friends of the Society adjourned to the London Tavern, where an excellent dinner was provided, and the evening was spent in the utmost harmony. Benj. Travers, Esq. presided.

MEDICAL SOCIETY OF LONDON.

Feb. 18th, 1828.

DR. HASLAM, PRESIDENT, IN THE CHAIR.

At this meeting, Mr. Amesbury, agreeable to a promise he had made to detail to the Society the result of his enquiries on the subject of fractures, especially of the lower extremities, related, very fully, the particulars of a case of non-union of a fracture of the thigh-bone, particulars of which we detailed in our last.

In the discussion which followed, Mr. Lloyd contended strenuously for the adequacy of the ordinary modes of treating fractures. He had seen some hundreds of cases treated in St. Bartho-

lomew's Hospital, and he had never seen a case of non-union of a fractured bone; such a result must proceed from carelessness on the part of the surgeon.

Feb. 25.—Mr. Sherley related a case of paralysis of the lower extremities; the consideration of which was postponed, in consequence of an understanding that Mr. Amesbury was to exhibit his apparatus, and illustrate his views on the subject of fracture, which he accordingly did.

WESTMINSTER MEDICAL SOCIETY.

Saturday, 16th.

DR. AYRE brought forward the subject of diabetes, and related a case in which, by means of cupping on the loins, the quantity of urine had been very much reduced, and the patient nearly, if not altogether, cured. When he sat down, Dr. Barry rose, and informed the Society that the gentleman alluded to was then under his care; that he was very far from being well, having derived but little benefit from the treatment above mentioned. It was quite obvious, from what followed, that Dr. Ayre had been deceived by his patient; and the only useful lesson resulting from the discussion was one of caution.

Last Saturday, the attention of the meeting was directed, by Dr. Barry, to Dr. Clanny's opinions on fever, and to the humoral pathology.

MEDICO-CHIRURGICAL SOCIETY.

Tuesday, Feb. 25.

A PAPER on injuries of the head, by Mr. Brodie, was read this evening; but the view taken of the subject was much too elaborate and comprehensive to admit of analysis on the present occasion. We shall, therefore, postpone our account of it, till it comes before us in the ensuing volume of "Transactions."

NOTICES.

Communications have been received from "Sir A. Carlisle" (omitted in our notices last week)—"Dr. A. T. Thomson"—"Mr. Litchfield"—"Mr. Hulbert"—"Medicus"—"Mr. Tucker"—and "One of the New School."

ERRATUM.

In Mr. Amesbury's case in our last Number, for "in 45 cases," read "in 41 out of 45 cases."

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[Vol. I.

OBSERVATIONS

ON THE

DISEASES OF THE URETHRA, BLADDER, AND PROSTATE GLAND

By B. C. BRODIE, F.R.S.

As delivered by him in his Surgical Lectures.

(Continued from page 301.)

DISEASES OF THE PROSTATE GLAND.

IN those who have passed the middle period of life, the prostate gland is usually more or less enlarged in size, and altered in figure; and it is those changes which occur in old age that lay the foundation of the disease, in the greater number of cases of affection of the prostate, concerning which you will hereafter be consulted. But the prostate gland is not altogether free from attacks of disease in earlier life. In cases of gonorrhœa, it sometimes happens that the discharge from the urethra suddenly ceases, and inflammation leaving the part originally affected attacks the prostate gland. The train of symptoms which arise cannot well be explained in any other way; and this hypothesis concerning the seat of the disease in these cases is confirmed by this circumstance—namely, that these peculiar symptoms, as far as I have seen, are never met with in the female sex. The patient observes the discharge to stain his linen much less than it did before, or to be altogether suppressed; he experiences, at the same time, a frequent inclination to void his urine, and more or less difficulty in voiding it. He complains of uneasiness and pain referred to the neck of the bladder, and extending in the course of the perinæum and urethra; and this

pain is aggravated on each attempt to make water. In some cases there is a complete retention of urine. The impulse to make water is then violent and irresistible; and it is attended with more suffering than in ordinary cases of retention, on account of the urine which is accumulated in the bladder being pressed with force against the inflamed and tender prostate. There is a sense of fulness in the perinæum and rectum, and the prostate is manifestly tender when examined from the rectum with the finger.

In some cases suppuration takes place, and an abscess forms, of which the symptoms, in the first instance, are generally obscure. As the abscess advances, the perinæum becomes tender, and there is a perceptible though slight tumefaction and hardness in some one part of it. The abscess, if left to take its own course, sometimes bursts internally—that is, into the urethra; more frequently it makes its way through the fascicellular membrane and muscles of the perinæum, and bursts through the internal skin.

These local changes are attended with no small degree of disturbance of the general system. The pulse is frequent; the skin hot; the tongue furred; and the formation of matter is often indicated by rigors.

The first object of the surgeon is to prevent suppuration. The patient should remain in bed, in the horizontal posture. Blood should be taken from the loins, or perinæum, by cupping; and the cupping should be repeated or not according to circumstances. The bowels should be thoroughly opened, by the exhibition of calomel and a senna draught; and afterwards, an œnema

should be administered, of two ounces of thin starch and half a drachm or a drachm of laudanum. This will require to be repeated probably every night, or even oftener, and a gentle aperient may be given in the intervals. If there be a retention of urine, the gum catheter, without a wire or stilet, may, in almost every case, be readily passed into the bladder. It is better to use a very small catheter, and to introduce it again, whenever it is necessary to do so, than to leave it constantly in the urethra and bladder. If there is reason to believe that abscess is formed, you should endeavour to procure an external discharge for the matter, in order to prevent it bursting into the urethra. If such symptoms as I have described exist, and go on for some time increasing, and you discover a fulness and tenderness of the perinæum, do not wait for any more certain indication of the abscess; but introduce a lancet into the perinæum, in the direction indicated by the tenderness and swelling. It will often be necessary to introduce the lancet quite up to the shoulders, or even still farther than this, before you reach the abscess. But you may do this fearlessly. There is no danger of any ill consequences from such a puncture. If there be abscess, you will immediately relieve the patient's distress, and prevent much greater distress which he would have experienced if the abscess had been allowed to attain a very large size. If, on the other hand, there be no abscess, the puncture does not make the condition of the patient worse than it was before. Indeed, partly by the loss of blood, partly by removing the tension of the soft parts of the perinæum, the puncture is generally useful to the patient, even when it does not answer the principal purpose of allowing the escape of matter.

But abscess of the prostate gland may take place in young men under other circumstances besides those which I have just mentioned.

A man about 30 years of age was received into the hospital, voiding his urine every 20 or 30 minutes, and complaining of an aching pain in the loins; but of no pain any where else. The urine deposited a small quantity of yellow puriform sediment. He said that the symptoms had begun two years ago, and that in the commencement of the disease the urine had been tinged with

blood. I prescribed the use of an opiate clyster every night, and under this treatment the inclination to make water became less frequent.

About a month after his admission into the hospital, the man was suddenly seized with symptoms of apoplexy, of which he died in the course of a few hours. In the examination of the body, we discovered an abscess of the size of a large walnut, occupying the posterior part of the prostate gland, and extending into the space between the bladder and vasa deferentia behind the neck of the bladder. On slitting open that portion of the urethra which passes through the prostate, a large irregular ulcerated orifice was discovered behind the verumontanum, through which the probe passed at once into the cavity of the abscess.

This is the only case of the kind in which I have had the opportunity of examining the morbid appearances after death; but I have seen several living persons in whom the symptoms manifestly indicated the existence of the same disease.

A gentleman, about 30 years of age, consulted me, complaining that the urine flowed slowly, and with difficulty. I introduced a gum catheter, and found a considerable quantity of urine left in the bladder, after he had voided what he could by his own efforts. There was no stricture of the urethra, and the use of the instrument did not relieve the difficulty of making water, so that it was necessary to introduce it two or three times daily. When this plan had been persevered in three or four days, there took place one evening a severe attack of shivering. The next day it was discovered that the urine deposited a considerable quantity of pus. The patient could now have made water and emptied his bladder without the assistance of the catheter: however, he was directed not to do so, but to use the catheter for himself every six or eight hours. The urine continued to deposit the same purulent sediment, but the quantity of it gradually diminished, and in the course of two or three weeks it disappeared entirely; and no other symptoms being left, the further use of the catheter was not considered necessary. I have seen this gentleman several times since, on other occasions, and, as far as I know, he has never had any return of the complaint.

In these cases there is a variety as to the symptoms, but they generally are such as I am about to describe. In the first instance, there is some degree of difficulty in voiding the urine; a too frequent inclination to void it; and pain extending from the neck of the bladder to the perinæum, and along the course of the urethra, even to the glans. Sometimes, but not always, there is a rigor, or perhaps there are two or three rigors in succession. The bursting of the abscess is, for the most part, indicated by an appearance of blood in the urine; but this is only temporary, and afterwards the urine deposits merely a purulent sediment. Sometimes the pus is pure; but at other times it is blended with a small quantity of thin adhesive mucus, formed, as I conclude, in consequence of the mucous membrane of the bladder having been kept in a state of irritation. There is pain referred to the loins; and a pain also which the patient describes as a cutting pain, extending from the neck of the bladder along the course of the urethra, and this is experienced chiefly during and after the act of making water. In some cases, as in one which I have related, the abscess heals, and the patient is well in the course of two or three weeks; but I had one patient in whom the abscess, as indicated by the appearance of pus in the urine, remained open three or four years; I believe, indeed, longer. The pain in the loins in these cases might lead us to believe, sometimes, that the seat of the disease was in the kidneys, when no such disease exists. But sometimes there is actually disease in the kidneys, and abscess of the prostate gland also. A young man had such a train of symptoms as I have described: he voided his urine every hour or half hour; and the urine deposited pus. He consulted several surgeons, but was chiefly under my care. There seemed to be no doubt that the abscess was in the substance of the prostate gland; and when the finger was introduced into the rectum, there was an evident fulness, or enlargement of one part of the prostate, and a tenderness on pressure, which seemed to indicate that this was probably the seat of the disease. As it was very desirable to procure an external discharge for the matter, an incision was made on this part of the prostate from the perinæum; but the experiment failed, and the

urine continued to deposit pus as before.

Soon after this was done symptoms of abscess, at the neck of the bladder, having then existed for some years, (two or three, or more) the patient was seized with violent pain in one side of the loins, and in the corresponding testicle. In short, he had symptoms exactly similar to those which arise where a calculus is being passed from the kidney into the bladder. At last, however, when the pain had ceased, there escaped from the urethra, not a calculus, but an oblong, cylindrical mass, rounded at one extremity; ragged, and as it were fimbriated at the other, and apparently composed of layers of coagulable lymph, lying one over the other. After this he had several similar attacks of pain in the loin and testicle, each attack being followed by the discharge of one of these cylindrical masses of lymph.

In one of these attacks he died, apparently in consequence of the body which occupied the ureter being too large to be propelled into the bladder; and of the urine becoming accumulated in the ureter and kidney above. This is my supposition, drawn from the accounts which I received; but he died at a distance in the country, and the body was not examined after death.

I attended another young man who had symptoms that led me to suspect the existence of abscess in the prostate: under these circumstances he was seized with a rigor, pain in the loins, extending downwards in the course of the ureter; in short, with symptoms like those produced by the passage of a calculus from the kidney into the bladder. These symptoms suddenly ceased, and he voided not a calculus but a mass of lymph and pus, and some blood, which came away with the urine. I now was led to believe that I had been mistaken in my notion as to the original seat of the disease, and to suspect that the neck of the bladder had been affected only from sympathy with the kidney; but soon afterwards another abscess presented itself in the perinæum, which I opened with a lancet. This proved that my original diagnosis had not been wrong, and that disease existed in the prostate and kidney also: this gentleman ultimately died, but unfortunately the body was not examined.

When a patient labours under such symptoms as would lead you to believe

that an abscess has formed in the prostate, communicating with the neck of the bladder, you should direct him not only to be as quiet as possible, but to remain as much as possible in the horizontal posture. You should instruct him in the use of the gum catheter, and he should introduce it for himself whenever he has the desire to void his urine, so that he may always make water by means of the catheter, and not by his own efforts. In some instances I have caused the gum catheter to be constantly retained in the urethra and bladder until the abscess has healed; but this plan not unfrequently irritates the neck of the bladder, and the occasional introduction of the catheter is for the most part to be preferred. In some instances, again, even this excites irritation, and the catheter must be omitted altogether.

Besides this you must attend to the state of the patient's general health. There is usually in these cases a weak state of the constitution; the patient is frequently of a scrophulous habit, and the healing of the abscess may be promoted by the exhibition of the sulphate of quinine, or steel, or other tonics. I have been led to believe in many cases that good has been derived from the internal use of the Cubebs pepper, 20 or 30 grains of which may be administered three times daily. It seems to act as a gentle stimulus to these parts, and to operate on the disease much in the same way as Ward's paste operates on abscesses and fistulæ, and ulcers of the rectum. The great majority of patients recover under this plan of treatment, but there are others who at last fall victims to the complaint, ultimately dying, as I have already explained, not so much in consequence of the disease at the neck of the bladder as of a corresponding disease taking place in the kidney.

I have said that the prostate gland is more frequently the seat of disease in old age than in youth. At different periods of human life, different changes take place in the condition of the organs of which the system is composed; and none of these changes are more remarkable than those which shew that the individual has entered on that downward course which is to end in his dissolution. When the hair becomes grey and scanty; when specks of earthy substance begin to be deposited in the tunics of the arteries; and when a white zone forms at the margin of the

cornea; at this same period the prostate gland usually, I might almost say invariably, becomes increased in size. In some cases this alteration in size is not sufficient to occasion any particular inconvenience, or even to produce any kind of symptoms. But in other cases, the enlargement exists to so great an extent that it interferes with the functions of the parts in the neighbourhood. The enlarged prostate is often twice or three times, and may be even ten or fifteen times, its natural size. Besides this alteration in size, its texture is altered: for the most part, it is harder than natural; but sometimes it is the reverse. Some have described the disease under the name of the scirrhus prostate; but you are not to suppose, therefore, that it is malignant, or that it bears any relation to the scirrhus tumor of the breast. In some cases, the enlarged prostate retains nearly its natural form, but more frequently its form is altered, and it is no longer like a chesnut placed at the neck of the bladder and perforated by the urethra. At the posterior part the lateral portions of the prostate are enlarged, and extend on the outside of the vesiculæ seminales, between the bladder and the rectum. That part of the prostate which is situated between the vasa deferentia and the neck of the bladder becomes especially enlarged in the greater number of instances, and forms a tumor projecting forward into the cavity of the bladder, behind the internal orifice of the urethra. This tumor varies from the size of a nutmeg to that of an orange. When small, it is of a conical shape, with the apex of the cone towards the bladder; when large, the narrowest part is that which is continued into the rest of the prostate, and it swells out and enlarges, having a pyriform figure towards the bladder. Sometimes, by the side of the tumor which I have now mentioned, there is another tumor formed by one of the lateral portions, also projecting into the bladder. There are still other cases in which these projecting tumors are altogether wanting, and the posterior part of the prostate appears as an uniform elevated ring surrounding the orifice of the urethra. The canal of the urethra, where it passes through the enlarged prostate, is generally flattened; and when the prostate is divided with a knife transversely, the urethra appears like a transverse slit rather than like a

cylindrical canal. In some instances, the enlargement of the prostate so alters the form of the urethra, that, instead of pursuing a straight course through the gland, it is inclined first to one side and then to the other. If the urethra be slit open, you find the prostate bulging or projecting into it, on one side, while there is a corresponding concavity on the other side. Such are the appearances of the chronic enlargement of the prostate as observed on dissection, where the disease exists in a simple form, without those complications which belong to its more advanced stages.

I proceed to describe the symptoms which mark the existence of the disease in the living person. Previous to this, however, it is right that I should refer you to Sir E. Home's Treatise on the subject—a work containing a great deal of original and practical information, such as you cannot find in any other publication with which I am acquainted, and which is well deserving of your attentive perusal.

In some cases, the symptoms of the enlarged prostate shew themselves with little previous warning; and we must suppose that the enlargement (at any rate the principal part of it) takes place in the course of a short space of time. After exposure to damp and cold, or after some excess as to diet, or perhaps in consequence of a costive state of the bowels, the patient finds a difficulty of making water, which, in the course of a few hours, or of one or two days, terminates in a complete retention. The symptoms in such a case are the same as where the retention is the consequence of stricture; but the termination is different. I never knew or heard of a case where the bladder itself had given way, as in some cases of stricture; and it is evident that the urethra itself cannot be ruptured, as the urine does not even enter it, the obstruction being altogether at the neck of the bladder. But the patient cannot survive a retention from this cause, any more than he can survive retention from other causes, beyond a certain period of time. How then does the retention prove fatal? The powers of the nervous system become exhausted; there is a cessation of local suffering; the patient falls into a state of low delirium; the tongue becomes brown and

dry; and these symptoms terminate in coma, and afterwards in death.

In other cases, and these the great majority, the disease advances by slow degrees: the symptoms at first are slight, and almost imperceptible; months, and even some years, may elapse before they attain their height: but when they have done so, they are a source of constant torment; harassing the patient, rendering his life miserable, and ultimately terminating in his destruction.

[To be continued.]

LECTURES ON EXPERIMENTAL PHYSIOLOGY.

By M. MAGENDIE.

Sixth and Seventh Lectures.

EXPERIMENTS ON THE BLOOD AND THE CIRCULATION.

Experiment First.—M. Magendie, in Vol. II. of his Treatise on Physiology, p. 414, relates, that having taken away daily, for ten days, eight ounces of blood from the jugular vein of a dog, which he replaced each time by an injection of eight ounces of warm water, the animal's blood became progressively more serous, and less abounding with coagulum. This experiment, repeated under our eyes, upon a very lively hound, which was affected with a cutaneous disease, did not afford the same result. Was this difference to be attributed to the cutaneous disease? However this may be, we have often seen an injection of warm water into the veins instantly tame the spirit and vivacity of the most impatient animals, a fact which led M. Magendie to employ this remedy in hydrophobia.

M. Magendie thinks that the different degrees of *plasticity* of the blood in different animals, is the principal cause of the different results presented by different species with respect to the intensity and duration of hæmorrhage. According to him the blood scarcely spouts forth from the divided artery of a bird; it coagulates, and consequently ceases to flow: dogs do not die of hæmorrhage so easily as man and the herbiferous animals, from the same circumstance. That is the reason, he adds, that we have a greater chance against the danger of hæmorrhage in robust men, rather than in the weak; but it must be admitted that other un-

known causes also influence and vary the danger of hæmorrhage, for if it be the plasticity of the blood which contributes to preserve birds from the effects of such accidents, it is not that which operates in the case of fish and reptiles: it is, nevertheless, known, that these animals are much more difficult to kill by hæmorrhage than other vertebral animals, and that their blood has very little plasticity.

This fact, together with the almost constant fluidity of the blood in those who die of asphyxia, proves that the quality is not owing to the *vitality* of the fluid; for the liquid blood of those persons, and of fishes, after it has been received in a vessel for several hours, is not less dead than that of other dead bodies where it is found to be coagulated. I have moreover remarked, that the blood of children, and of newborn animals, is seldom or never coagulated, or, at least, is so only in part. These observations lead to the belief that the blood is more coagulable in proportion as the respiration is more perfect, and as the quantity of air absorbed by the lungs, and dissolved in the blood, is more considerable; for we are not to forget that many authors think that the air is absorbed by the lungs, carried into the blood, and distributed with it to the whole animal economy; and this opinion, which it is not impossible to demonstrate in a direct manner, is at least as probable, in the present state of science, as that which sees nothing more in respiration than the decarbonization of the blood.

Experiment Second.—The jugular vein of a young dog being laid bare, a drachm of oil was injected into it, on the side next the heart. Cries, tremblings, paralysis of the hind limbs, and afterwards of the others, total prostration of strength, involuntary passing of the stools and urine, difficulty of breathing, respiration performed only by the abdominal muscles, very small and slow pulse, and death at the expiration of twenty minutes, were the phenomena that ensued. The contractions of the heart still continued, the lungs were spotted with red patches, and their vessels contained portions of oil; the heart and the great vessels were in a natural condition.

Experiment Third.—About an ounce of very thick solution of gum was in-

jected in the same manner into the jugular vein of a dog. Immediately he uttered hoarse cries; there was dyspnoea and prostration of strength; the heart still continued to beat, but there was very little circulation in the arteries; the pulse could not be felt. The crural artery laid bare, was nearly empty; when cut, it gave out only a small thread of black blood. A large bleeding from the jugular did not prevent the death of the animal, which took place in from seven to eight minutes. The lungs were discoloured, and when cut into no blood followed the incision; the heart and liver were full of blood. The animal also presented an interesting peculiarity: seven of the ribs on the right side shewed the traces of an old fracture, about three-fourths from their anterior extremities; the solid callus was covered, on a level with four of these ribs, with cellular budles, which adhered by their other extremity to the lungs.

Do these experiments prove, as M. Magendie asserts, that the viscosity of the blood cannot be augmented without compromising the life of the animal? After the detail now given, it appears much more certain that death is only caused by an obstruction of the branches of the pulmonary artery, the oil and the gum not having mixed sufficiently intimately with the blood, to pass with that liquid into the smaller vessels, or, probably, the pulmonary artery not acting upon the gum and oil as it does ordinarily upon blood. Death in these cases is, in fact, nothing more nor less than an asphyxia from obstruction of the pulmonary vessels, analogous to that produced by hepatization of the lungs; for we find here, as in asphyxia, the blood in the arteries black, the pulse feeble and slow, the blood accumulated in the veins, the liver, and right ventricle, whilst the arteries scarcely contain any. What still farther confirms this view of the matter is, that (as M. Magendie has remarked) we may cause a considerable quantity of gum, water, or oil, to enter the blood, without destroying the animal, provided that, at the moment of introduction, it be mixed intimately with the blood: in this way, gum, oil, and other substances, may be innocently injected into the cavities of the pleura or peritoneum, where they are absorbed, and therefore

divided *ad infinitum* in the blood. A fact still more conclusive is, that an animal may be kept alive several days, if nothing be given it to drink, and if it be surrounded by muriate of lime, so that the air itself shall contain no moisture. One might, indeed, be sure, *à priori*, that death could only be slow in this case, since the blood of the animal, drying incessantly by pulmonary exhalation, and not being moistened by a particle of water, could not fail at length to become infinitely more viscous than a drachm or two of oil or gummy solution could make it.

Experiment Fourth.—It is in the same manner that a too sudden modification in the chemical composition of the blood causes almost instantaneous death. An injection of a few drachms of diluted nitric acid into the jugular vein of a dog, brings on violent agitation, involuntary stools, abdominal respiration, and death; and the lungs are found entirely discoloured and void of blood. Assuredly, then, it cannot be denied that an intimate mixture of acids, of putrid matter, &c. in the blood, may give rise to pernicious qualities which may cause death. A host of experiments prove this; but they also have proved that death never takes place so quickly as we have seen it here; unless, indeed, a very active poison, such as strychnine or prussic acid, has been injected, but which produce other phenomena. We never meet with that total difficulty of breathing, or want of breath, which characterizes the obstruction of the pulmonary vessels, and the inaction more or less complete of the lungs, nor do we ever find the lungs empty and discoloured.

Experiment Fifth.—It is easily proved that the quantity of liquid contained in the vessels has a direct influence upon the force of the jet from the arteries, veins, and capillary vessels, when divided. A thin animal differs greatly in this respect from a plethoric one; and the injection of water into the jugular of the former, increases visibly the flow of blood from the wounds that have been made.

Experiment Sixth.—We pass over those experiments so well known, such as the section of the veins and arteries, and their ligatures, during which one set of vessels is seen to swell below the ligature, and the others between it and the heart; by means of which experi-

ments, Harvey demonstrated the circulation of the blood; and which M. Magendie has repeated, in order to pass to that beautiful experiment by which he demonstrates that the influence of the heart does not cease at the origin of the capillary vessels, but continues to exercise itself upon the blood in the veins; a proposition already rendered probable by injections made in the dead body, which thrown in by the arteries returns by the veins, as well by the circulation carried into the spongy tissue of the bones and into the erectile organs, which are not supplied with capillaries, but merely with short and large veins. This experiment, one of the most ingenious which modern physiology has to boast of, consists, as is well known, in laying bare the crural vessels in one limb of an animal, and passing under them a solid cord, which is tightened by means of a tourniquet, so as to strangle the whole of the limb excepting the artery and vein, so that the circulation can only be carried on by means of those two vessels; then to dissect the artery from the vein; and, finally, to apply a ligature upon the vein. If this be punctured below the ligature, a jet of blood of various height is obtained, according to the strength and plethoric state of the animal, as long as the passage through the artery is left free; but if, on the contrary, the artery be compressed, so as to intercept the current of blood coming from the heart, the jet of blood from the punctured vein diminishes gradually, so that it entirely ceases in the space of from fifteen seconds to half a minute. If the compression of the artery be removed, the jet from the vein becomes re-established, not immediately, but in a few seconds;—it is to be observed that it requires less time to re-establish, than to make it entirely cease by the compression of the artery. This fact demonstrates, in the most incontestible manner, that the power of the heart upon the blood does not cease, as Bichat believed, at the spot where the arteries cease and the veins originate. M. Magendie insists strongly upon this truth; and it is difficult, indeed, so to do, at a time like the present, when physicians concede so much power to the capillary vessels, only because it is one of the numerous assertions which they have imbibed in the schools.

But does the above-mentioned ex-

periment really prove that the capillary and other vessels have no influence in the circulation of fluids? Certainly not. We think that M. Magendie should yield a little upon this point, and that he is too reserved as to those facts which demonstrate the action of the capillary vessels, as well as of the veins and arteries: thus we know that, during a common bleeding, the blood flows more quickly when the muscles of the fore-arm are put into action, without the heart beating with more force than before. This is an example of the action of the capillaries, and there are a crowd of other proofs. As to the pulmonary capillaries, we have seen in the second, third, and fourth experiments, that when they cease to act, the blood no longer continues to pass into the arteries and left side of the heart, although the heart does not cease to beat. The same thing happens whenever an animal is killed for want of air, or by the section of the 8th pair of nerves. In proportion as the blood becomes more black, the stream which is found in the arteries also becomes smaller and smaller, and the pulse more and more insensible. With respect to the veins, we know that Bichat, in repeating the fifth experiment, saw the whole of the blood emptied from the vena saphena slowly, by a puncture made in that vein, although he had intercepted, by proper ligatures, the blood from the crural and all other collateral arteries.

Finally, as to the arteries, we often see, in hypertrophy of the heart, a very small soft pulse, at the same time that the action of the heart is very energetic; and on the other hand, strong resisting arterial pulsations, when the pulse is almost tranquil. Farther, we feel very evident arterial pulsations in a whitlow, and in the penis when erect: now it is evident that such pulsations are totally independent of the heart; that they are entirely due to the vessels themselves; for otherwise there is no reason why, in one case, the other fingers should not pulsate, or the penis be in a state of relaxation.

ERYSIPELAS.

To the Editors of the London Medical Gazette.

GENTLEMEN,

SOME recent interesting discussions about Erysipelas, induce me to submit a sketch of my own experience and meditations upon that important subject. Wherever my doctrines or practice differ from the common routine, they have been sanctioned by mature pathological considerations, and attended with a satisfactory proportion of success.

The professional history of Erysipelas affords a remarkable example of the necessary alliance between physic and surgery; since it embraces questions of vital consequence, alike affecting the constitutional functions of the human frame, and particular parts.

Those physicians who assume to understand local and external diseases from general views of constitutional errors; or surgeons who undertake the charge of *apparently* local maladies, without a competent knowledge of their dependence on, or connexion with the whole living system, may be regarded as equally unfit to direct the treatment of Erysipelas. I take it for granted, that the majority of the faculty are agreed as to the constitutional source of Erysipelas; for every unprejudiced observer may easily detect the coincidence of a derangement in the animal system, whenever the outward demonstration of that disease becomes unquestionable. The numerous descriptions of Erysipelas, adopted by nosologists, are perhaps more curious than useful for practical purposes; while they inveigle the student into unprofitable technicalities, to the detriment of a better occupation, (*id est*) upon the evidence of conspiring symptoms.

The healing art is intricate because of its multitudinous facts, and complex rationale: its purposes are also often uncertain, from the difficulty of discriminating those signs of diseases which are infallible and decisive from such as are of subordinate value.

If the diagnosis of each disease could be accurately defined, and the specific remedies assuredly marked out, then the historical precedents of the art would, if faithfully displayed, suffice to make good empirical practitioners; but

the records of twenty centuries exhibit the precepts and laws of medicine as unsettled as they were in the days of Hippocrates. It has, therefore, become expedient to attempt to establish this deeply responsible vocation upon scientific principles, by enlarging and spreading the anatomical knowledge of animal structures generally; and by chemical researches, as to the essential constituent elements of those organic compositions which are peculiarly placed within the dominion of life. Under a wisely-founded physiology, the surest systems of pathology and therapeutics may be formed by legitimate inductions, showing the necessary dependencies between the mechanical structures, compositions, and functions of living bodies; the several errors happening in their actions, textures, or constituent materials; and finally, by philosophic reasoning, to point out the *modus operandi* of remedies, and a scientific way to further improvements.

After this preliminary exposition, I may venture, with more propriety, to address myself to professional scholars, and to those who desire to see the healing art promoted by a closer union with the exact sciences.

Erysipelas appears to be a humoral disease, arising from vitiated blood: it is occasionally epidemic, but more commonly sporadic; and even when seeming to be epidemic, the exciting cause may be often discovered to be some unwholesome food, beverage, or contaminated local atmosphere. Assuredly the common source of Erysipelas is improper diet, through which the blood is supplied with crude or noxious materials; and, although the attack is vulgarly ascribed to "*catching cold*," I am fully convinced that such excitement only gives activity to a previously existing morbid humor. Those violent eruptions, vulgarly, but not illogically, called surfeits, are the immediate consequences of one pernicious meal; and they generally display Erysipelas in its most malignant character; while moderate and habitual errors in diet mitigate the acuteness of the disease, and keep the patient in a state of continued liability to relapses, whenever exposed to any extraordinary viscissitude, and which thence assume either a mild or chronic type.

It must be allowed that Erysipelas is frequently first observed as a local affec-

tion, and apparently limited to the corion or true skin; but the eruption is always preceded by some derangement in the alimentary functions, and for the most part by loss of appetite, nausea, and constipation, followed by the other common signs of incipient fever. The devoted part first becomes hot, and feels as if influenced by the radiant heat of a fire; an itching or pricking sensation follows, and soon afterwards, under an aggravation of those symptoms, vesications arise, like those produced by artificial blistering. In this local inflammation there is seldom the same degree of redness or tumescence as in common inflammation. The colour of the serosity under the detached cuticle is the same as that of the serum of the blood in the affected individual; but if it happens to be more yellow than is natural, some practitioners then assign the chief cause of the disease to the liver, and hastily resort to mercurials. Perhaps all the varieties of Erysipelas ought to be ascribed to the several deviations in the acrimony, or in the quantity of the exuding morbid humor, and in some degree to the constitutional habit of the patient. If Erysipelas were essentially dependant on disease of the liver, it would necessarily be a common attendant on jaundice; but experience shows the contrary. According to my observation, the disorders of the liver are rather the consequences of morbid states of the stomach than their antecedents or causes. In every chain of intricate events, it is of leading importance to discover the *constant* order of the phenomena, and in no profession is it more difficult, or of more portentous influence, than in the healing art. Having often, during a long professional life, detected an intimate connexion between Erysipelas and previous crudities in the stomach, (in many instances those were of the acid kind, traceable to acedifiable diet, such as oliginous or tainted fish, raw vegetables, fruits, or sweets) I was thence induced to examine the serosity first effused in Erysipelatous vesications, and always found it to contain a free acid.

Those opinions have been supported by the testimony of several modern writers, who extol the efficacy of ammonia as a medicinal remedy in Erysipelas. Habits of pathological meditation, added to extensive experience, have lately induced me to think freely

upon the nature of many diseases, and to recollect former evidences of the *juvantia* and the *lædientia* of practice. My views of Erysipelas, thus matured, are, that it is a humoral and constitutional inflammatory disease, occasioned by alimentary crudities; and because certain vegetable acids, and acidifiable viands, are often the notorious antecedents of the disease, I believe, as before stated, that the dominant error in the morbid fluids is acid. The causes which determine constitutional diseases to fall especially upon particular parts, are not well understood, but if we regard the corion as a compacted reticular tissue, analagous to the general cellular membrane, with only additional secretory or excretory vessels, we may class them together as serous membranes; and to those structures Erysipelas is chiefly directed. In its local habitudes Erysipelas is prone to excessive diffusion, owing to the absence of that adhesive boundary which limits common inflammation; and its remarkable tendency to sphacelate may be attributable to the destructive acrimony of the morbid humor, favoured by a constitutional debility, incident to the malady. From long continued opportunities of anatomical inspections, I am led to conclude that the frequent mortality attaching to Erysipelas must be ascribed to its untractable character, but I am also well assured that Erysipelatous inflammation more often attacks the great continuous serous membranes of internal cavities than the profession are taught to believe. To this, I fear, we may justly assign the many unexpected failures in the treatment of peritoneal and pleuritic inflammations, when they are wholly intrusted to sanguineous depletion. Those inflammatory affections which are purely vascular errors, united with plethora, may be always subdued by bleeding, purging, and abstinence; but not so if the whole system is vitiated by noxious fluids, derived from unwholesome diet, from imperfect digestion, or from undue retention of corrupted fœces. After estimating the impure atmosphere of large cities, and the numerous unhealthy customs of their inhabitants, we need not wonder at the fatal results of many surgical operations, and of diseases in the metropolis, when compared with country practice.

Erysipelas may occur in either feeble or plethoric habits, and consequently

demand a plan of treatment suited to the existing condition of the patient. I have, however, so often seen dangerous inflammation of the vein after bleeding in this disease, that I prefer to diminish any morbid excess in the volume of blood by cupping. When the attack has been sudden, and the stomach is known to be loaded with crude food, an emetic of ipecacuanha is advisable, and it should be immediately followed by a cleansing cathartic, given in reiterated doses until the lower bowels are thoroughly emptied. If the patient be of a full habit, and the pulse ample, abstinence from food and drink should be recommended, because the functions of the stomach are especially deteriorated in Erysipelas, and diluents promote all the alimentary fermentations. Mercurial purgatives are objectionable, because they produce putrescent excretions; and also, because of the uncertainty as to their injurious constitutional effects on certain individuals. Saline cathartics seldom cleanse the bowels effectually, and they mischievously augment the fluidity of the aliment.

The purgative which I ordinarily advise is composed of one drachm of powdered jalap, two scruples of sulphate of potash, and half a drachm of carbonate of soda, mixed with eight ounces of infusion of senna; of this two or three table-spoonsful should be taken every second or third hour, until copious and cleansing evacuations are procured. From a conviction that alimentary acidity is generally prevalent and requires to be subdued, I give from ten to sixteen grains of sub-carbonate of soda every four hours, in barley-water. If the mouth is parched, soda water proves very refreshing. Where great debility is obvious, the carbonate of ammonia, in doses of from five to eight grains, should be preferred to soda; and three or four grains of Aromatic powder may be joined with each dose. The oily spices contained in the Aromatic confectio often prove offensive, and so do the distilled waters, impregnated with essential oils. Opium has been held in considerable repute as a remedy in Erysipelas, but the injudicious employment of that potent drug has seemed to me so often hurtful, that I consider its administration demands much circumspection, and that it is seldom proper.

Similar objections may be urged against the heedless prescription of wine, malt

liquors, or venous spirits ; and perhaps the notorious mortality among Erysipelatous patients may be justly imputed to a doctrine which excludes Erysipelas from the class of inflammatory diseases, and puts forth the mystical phantom of diminished vitality. The local treatment of Erysipelas is subordinate to the removal of the exciting cause, and to the restoration of constitutional health ; it is, however, the especial province of surgeons to watch its visible changes, and to make suitable applications. When hot excoriations have succeeded to broken vesications, simple lime water is a soothing remedy ; it should be used through the medium of soft linen, and often renewed. When neither pain nor heat attend the eruption, a lotion composed of twenty grains of carbonate of ammonia, dissolved in eight ounces of water, may be employed in the place of lime water.

When drying crustations occur, the part may be beneficially covered with the thin smooth oiled silk, used by umbrella makers, and which will secure a moist skin, by preventing evaporation. If the subcutaneous tissue be invaded by the morbid secretion, and destruction is spreading through that extensive connecting medium, free incisions ought to be made in the most prominent or dependant parts, with the caution to avoid the exposure of the articular ligaments and tendons ; and also under the prudent avoidance of extending wounds beyond the hope of healing, or which might add a new danger from their excessive length. Warm fomentations promote suppuration, but poultices are often more troublesome than useful, from their pressure. After sphacelus has become unquestionable, and putridity invades the part, we are happily now possessed of an effectual antiseptic, which I regard as one of the most valuable contributions of modern chemical science to the healing art ;—I mean the chloride of lime. This estimable compound arrests the putrefactive fermentation ; by which, not only the local condition of the mortified parts, but the general health and comfort of the patient, are essentially benefitted.

Whether Erysipelas appears on the surface, or is suspected to have invaded internal parts, it is to be considered an insidious and dangerous disease, always requiring the watchful care and skill of

the practitioner. If, however, a total reliance is placed on drugs, without directing the diet, little success will attend such limited endeavours. I have witnessed many fatal relapses of Erysipelas occasioned by the neglect or misdirection of diet ; and I believe that the frequent returns of the disease are entirely attributable to improper diet. It is vexatiously absurd to see rows of alkaline draughts, and a beverage of lemonade, placed at the same time before a sick patient, and to hear that the doctor advised veal broth (which always turns sour on a weak stomach), while the patient was labouring under a diseased acidity, for which the appropriate chemical antidotes were at the same time ordered. If I have been occasionally more fortunate than my brethren, in some dangerous cases, I am willing to assign the chief merit to a rational plan of diet, always carefully prescribed to correspond with the passing state of the patient, and with the medicinal remedies.

Gentlemen, I have thus far trespassed on your forbearance, with a recital from my personal experience and cogitations, without noticing those historical records which would have led to endless disputation, or involve this subject in unprofitable wrangling. The scope of medical science is hourly expanding, and an inquisitive public anxiously expect the establishment and exposition of its unmistified rational practice. My utmost hope from this desultory sketch, is to awaken the exertions of medical philosophers, and, through them, to improve and spread the collateral and direct sciences of our art. If neighbouring nations have taken a temporary lead in physiology, let us avail ourselves of their industry and ingenuity, and unite our efforts to build up a system of pathology and of therapeutics, which may command the respect, and fix the confidence, of future ages.

Gentlemen,

Your obedient servant,

ANTHONY CARLISLE.

6, Langham Place, Feb. 14, 1828.

Altered Condition of that Portion of the Tendon of the Biceps Flexor Cubiti which passes into the Shoulder-Joint.

To the Editors of the London Medical Gazette.

GENTLEMEN,

THE appearances I am about to describe have occurred to me only in the dissecting room; nor am I acquainted with any of the symptoms preceding or accompanying the pathological condition which the tendon has presented in the dissections to which I allude.

The first time my attention was directed to this subject was in the winter of 1826. A shoulder-joint had been prepared by one of my assistants for demonstration; the capsular ligament was left unopened, and the tendon of the biceps muscle, which passes up in the bicipital groove of the humerus, I had directed to be left carefully *in situ*, and not to be in any way disturbed; in order that I might demonstrate its passage through the joint on laying open the capsular ligaments and synovial capsule.

On the cavity of the joint being exposed, by an incision in the usual way, I remarked, that the portion of the tendon, passing through the joint, did not follow the usual course: it adhered along its whole course to the internal surface of the capsule, and was, indeed, reduced to a few fibrous and cellular looking threads, which could be traced with difficulty. The tendon of the biceps, as high as its passage into the groove of the humerus, and as high as that point where the synovial capsule is reflected upon it, from off the fibrous capsular ligament, could be readily traced; it presented a perfectly natural appearance, but here the tendon disappeared: a few of its fibres, assuming a cellular appearance, adhered to the margins of the groove in the bone; and a certain number might also be traced, from the termination of the groove, closely adhering to the synovial membrane, and almost identified with it, as far as the usual insertion of this tendon into the upper portion of the fibro cartilaginous ring of the glenoid cavity.

Since the occurrence of this case I have met with three others, much resembling the first. In all, the tendon had more or less disappeared; in one, altogether: the humerus in another case

had become slightly altered in the vicinity of the anatomical neck of the bone, and the appearances bore some resemblance to the commencement of those alterations so commonly observed in the head and neck of the femur, and so often described as specimens of fracture, followed by ossific union. In one of the cases, inflammatory appearances were found in the hip and knee joint, so as to render it not improbable that the person at the time of death was affected with rheumatic inflammation of several joints. In a female subject, apparently between thirty and forty, the shoulder joints were found to present the following alteration in structure. In the left arm, the long portion of the biceps muscle was much degenerated, and, instead of its proper round and compact appearance, the tendon was flat and cellular, and at the upper part of the bicipital groove stopped short, and took attachments to the capsular ligament; which, being slit open, the other part of the tendon, attached to the upper margin of the glenoid cavity, was perceived hanging loose in the joint. As it were to make up for the weakness of the biceps tendon, a strong slip of tendon proceeded from that of the pectoralis major to be attached to the capsular ligament. The opposite arm at first presented nothing unusual, but when the joint was laid open, the tendon of the biceps presented a fringed and shaggy appearance, although not ruptured like the last.

The alteration in that part of the head of the bones, at the upper end of the bicipital groove, had taken place. The articular cartilage was absorbed, and small growths of bone had sprung up; now one of these processes had separated a bundle of fibres from the body of the tendon: thus were the bicipital groove and tendon subdivided into two parts.

So far as my information extends, injuries done to the tendon, in the part to which these remarks allude, are exceedingly rare; or, perhaps, I should rather say, are rarely recorded. Systematic writers do not even allude to any pathological condition of this tendon; and this is a principal reason why I now bring this subject before the profession, and solicit to it the attention of practical surgeons and pathologists.

Your obedient servant,

ROBERT KNOX, M.D.

Edinburgh, Feb. 12.

PARALYTIC AFFECTION, ARISING FROM THE USE OF CUBEBS.

To the Editor of the London Medical Gazette.

SIR,

IF the following notice of some unusual symptoms occurring during the use of Cubebs, appears to you to possess any general interest, it is at your service for publication in the Gazette. I subjoin to it an account of a needle swallowed, as it refers to a subject of recent allusion.

I remain,

Your obedient humble servant,

S. D. BROUGHTON.

12, Great Marlborough-street,
Feb. 20, 1828.

A young gentleman had been taking Cubebs pepper, in the form of powder, every day during about a fortnight, commencing with one, and increasing the dose to two drachms thrice daily. With the exception of a mild gonorrhœa, he was in good health, and living quietly and on moderate diet, with attention to the bowels. His friends and companions latterly perceived an extraordinary twist of the mouth on one side, whenever he attempted to speak or smile. My observation was also attracted to this appearance, although the expression of the countenance was but an exaggeration of what was characteristic in the object of this notice. On minute enquiry being made, I found that the bowels were open, and the appetite good; the pulse was somewhat irregular, suspending two or three beats in each minute, sometimes slow and at intervals hurried, altogether not exceeding 84, and by no means hard or unusually full; the tongue rather furred and moist; the skin natural; the iris contracting and dilating in both eyes naturally; and there had been no headache, giddiness, or torpor, beyond a little temporary heaviness, apparently from want of occupation as much as any other cause.

I thought proper to take about half a pint of blood from the arm, but did not perceive any effect from it. At night I prescribed an active doze of calomel and aloes, followed by Epsom salts in the morning. Eight or nine evacuations were the result, the pulse became more steady and natural, and the twist of the mouth was obviously much diminish-

ed. Of course the Cubebs was omitted, and a light diet enjoined. With the exception of the occasional distortion mentioned, and a certain floridness and fulness of the face, there was never any unusual aspect of countenance. The fulness was quickly removed by the purgative. But although much diminished, the distortion did not seem to be perfectly removed, and another calomel and aloes pill was given, with a little salts the morning after. Further benefit was derived from the second purgative doze, and from keeping up the discharge from the bowels several days, both as to the pulse, and as to the twist of the mouth, which is now no more than is peculiar to the usual expression of the countenance; nearly three weeks having elapsed since the attack commenced.

I was somewhat at a loss to determine whether the primary seat of this affection was in the head or stomach, until I accidentally learnt that similar symptoms, sometimes amounting even to convulsions, have been noticed as occurring during the exhibition of Cubebs. Perhaps the experience of the readers of the Gazette may throw more light upon the subject.

CASE OF A NEEDLE SWALLOWED.

A boy of 10 years old swallowed a full-sized sowing needle, but nothing was felt or seen of this needle during the *six succeeding years*, at the expiration of which he was brought to me, in consequence of having recently complained of soreness confined to a spot adjacent to the spine, in the course of the dorsal vertebræ. When touched, it was exquisitely sensible, and I plainly perceived a small hard body lay concealed under the skin. I cut down upon it, and extracted a needle lying horizontally beneath the integuments. The boy had enjoyed good health, and the parents imagined he had passed the needle by stool.

CORONERS' INQUESTS.

To the Editors of the Medical Gazette.

GENTLEMEN,

IT is with great pleasure and professional interest I observe the rapid strides the Medical Gazette is making towards perfection, and its consequent increase in circulation. I am impressed with the con-

viction that whoever peruses it will put most implicit confidence in the authenticity and accuracy of its contents, which is very far from being the case in a periodical publication, through the medium of which, from my own personal observation, most erroneous statements have gone forth as truths: with these impressions, I offer to your notice the following observations respecting a death, and subsequent inquest, at Guy's Hospital.

An Irishman, aged about forty, was brought on a shutter to the hospital, in the evening, accompanied by two or three Irish friends. It being obvious to the dresser on duty, from the state he was in, (to say nothing of several symptoms which might be considered suspicious,) that he must shortly die, little was done. The patient was put to bed, and in about twenty minutes expired. A request was made to the friends for permission to examine the body, in order satisfactorily to account for the man's death. Not only was a decided refusal given, but they were scarcely to be restrained from doing mischief, in consequence of the body being detained for the inquest. The circumstances connected with the patient's death were forwarded to the coroner, to ascertain whether he deemed it necessary to have the body examined; an answer was returned in the negative. An inquest was held; the jury was composed of men certainly not the best educated; indeed this, it would appear, is not necessary—if they have common sense it would be enough: however, I scarcely need add, that even this is frequently wanting. The only evidence adduced as to the patient's death was from his own friends, which merely proved that he had been ill one day. The dresser, when asked (for he was not put on oath,) observed with reason that he could only say the patient was admitted into the hospital, and died within the forementioned time. It was quite impossible for him to determine, without previous post-mortem inspection, whether he had been poisoned,—had fallen a victim to some external violence,—or had died from progressive disease. This examination, however, was deemed (heaven knows for what reason) unnecessary; and one of the jury observing, "Oh! he died a natural death!" all acquiesced, and the verdict of "Died by the visita-

tion of God" was entered. During the inquest, the coroner took occasion to observe, that had he not been obliged to preside at two inquests at St. Thomas's, he should not have considered the one at Guy's sufficient to claim his attention. Now, gentlemen, if any case could point out the necessity for a professional opinion respecting a sudden death, surely this is one, where you must agree with me in thinking the extra-professional evidence not at all adequate to explain satisfactorily the cause of death. No doubt you are aware that many, and certainly the most severe cases admitted into the Borough hospitals, are in Irish patients; particularly at Guy's, where the most urgent cases always have precedence; and perhaps you are aware that the low Irish have an objection to the bodies of their deceased friends being touched, for no other reason than that they cannot have a wake, or a drunken festival, over them; for it cannot be considered a religious ceremony. The naturally impetuous temper, and strong passions of these people, are familiar to every one; and considering this, it is not surprising that the officers of the hospital should be afraid to examine any Irish patient, let the case be ever so interesting; especially when it is understood, both by the officers of the establishment and the Irish themselves, that their determined conduct is supported, seconded, and vindicated by so powerful an authority as the coroner. The propriety of post-mortem inspections, in a legal point of view, as a duty to the public in doubtful cases, and in every instance as contributing to the advancement of our profession, must be obvious to the most superficial observer; but especially to a man enlightened by education and experience. That the jury are to decide the verdict, I am aware; and perhaps they are the men who, by consulting the profession, where their own judgment touching the cause of death must be deficient, would be most likely to wipe away the prejudice, if they refused to give an opinion without the inspection. But can this be expected from men of contracted minds, who, when exalted to the office of jurors, consider themselves as the principal performers, (if I may use this term on so serious an occasion,) and to whom no one has, at least ought to have, either power

or opportunity of addressing one syllable, except through the medium of the coroner? Undoubtedly it is from *him* the profession have a right to expect an attempt, at least, to assist them.

I have heard it asserted publicly by the coroner, that we have no right to examine patients who die in the hospitals, without their own previous, or their friends' consent. If *we* have not legally this power, the treasurer and governors have; and I trust they will make use of it to frame regulations, by which every patient dying in the hospital shall be examined, provided it be the express wish of his physician or surgeon. In reply to this, it might be urged that these restrictions would shut out the most severe cases. Probably it would for two or three weeks; but after this time the applications would be as numerous and urgent as before.

A YOUNG MEMBER OF THE PROFESSION.

Guy's Hospital, Feb. 13th.

[At St. George's Hospital, every body is examined: a circumstance the knowledge of which does not prevent the applications for admission from being much more numerous than can be complied with.—ED.]

IMPROVEMENTS at GUY'S HOSPITAL.

To the Editor of the London Medical Gazette.

SIR,

To those who have employed themselves in pointing out the errors and defects of our English mode of medical education, it must be gratifying to learn that their labours have not been in vain. Already the spirit of improvement is rapidly diffusing itself; and while our teachers seem to have become fully sensible of the weight and importance of the arguments which have been adduced, and disposed to avail themselves of the suggestions which have been made, the students, on the other hand, are actuated by a lively interest in the amendments which are taking place, and disposed to appreciate, to its fullest extent, the benefit likely to result from them. I have been induced to make these remarks from having observed in the hospital to which I am attached, the commencement of a new system—a sys-

tem very much in conformity with that suggested in a late number of the *Medical Gazette*; and calculated, as I believe, in the highest degree, to promote the interests and welfare of the student. I refer to a mode of clinical instruction which has just been established in this school, under the direction of a man whose zeal and talents eminently qualify him for so important an office; viz. Dr. Addison. Hitherto the clinical department has been conducted in a very imperfect manner: it is true that daily reports were made of the cases, and a lecture given once a week, to elucidate their nature, and point out their interesting peculiarities; still, however, the whole was not conducted in a manner calculated to awaken the interest of the student, and to rouse his attention. These defects are entirely removed by the plan which is now adopted. Each student has allotted to him a certain patient: he is expected to make himself acquainted with the history of the case; to note its daily progress; to give some account of it every morning; and once a week he is called upon, in the presence of the class, to declare his opinion of the case; with the diagnosis, prognosis, and principle of treatment. Thus, sir, a spirit of emulation is excited amongst us;—and the fear of shame, and desire to excel, concur in operating as incentives to exertion; whilst at the general examination much information is elicited, and much interest produced, by the pleasant and colloquial manner in which it is conducted.

I cannot close my remarks without also alluding to another improvement which has taken place in Guy's Hospital; viz. the construction of a theatre of morbid anatomy. Up to the present time, although post mortem examinations have been frequent, yet from deficiency of room, and other inconveniences, the pupils were unable to derive all the benefit from them which might otherwise have accrued. To obviate these, a theatre has been built, in which the inspections are to be carried on. Dr. Hodgkin, an able pathologist, and a man of much discernment and ability, has undertaken to conduct the examinations; and, in the event of the absence of the physician or surgeon to whom the patient has belonged, to give us the requisite information respecting the case. Thus things will be conducted in a more regular and systematic way.

than heretofore, and we shall be enabled to compare and connect the phenomena of the disease with the post mortem appearances.

If I mistake not, the remarks which I have made will apply to all the more important objections, which, in a late number of your valuable journal, were urged against the English mode of medical education. With respect to the superficial mode of studying anatomy, which is there alluded to, I believe it to be a mistaken notion. With the great majority of students, this is certainly not the case, and I do not hesitate to affirm, that in nine cases out of ten, so far from being conducted in a desultory and superficial manner, anatomy is made the leading object of the student's pursuit.

Such, sir, are the improvements which have already taken place in one of the first schools in the metropolis; and I trust the time is not far distant when the medical institutions of our own country will no longer shrink from a comparison with those of the continent; and when they will not in any degree merit the opprobrium and obloquy which have recently been cast upon them.

I am Sir,

Your obedient Servant,

A STUDENT AT GUY'S.

Feb. 25th, 1828.

STETHOSCOPE.

To the Editor of the London Medical Gazette.

SIR,

IT is with pain that I observed, in a recent number of your Journal, a gentleman, bearing an honourable name, openly avowing his distrust of the stethoscope, an instrument, of which it is not too much to say, that it is calculated to alter the whole face of medical science. Your two cotemporaries vie with each other in its support, and I trust you will permit me to follow in their footsteps, that the world may be gratified by the splendid spectacle of three rival Journals throwing aside all petty feelings to promote the common benefit of mankind.

In the last number of the Lancet, Dr. J. P. Kay, of Manchester, advocates the use of the stethoscope in a forcible manner. Though I think he under-

rates its value, yet your readers cannot but be gratified by the following brief summary of its advantages, for *fas est et ab hoste doceri*. "In bronchitis, pneumonia, pleurisy, empyema, pneumothorax, hydrothorax, hepatized lung, plithisis, and *many other* diseases of the thoracic viscera, the stethoscope enables the practitioner to watch symptoms minutely,—to devise *constant* methods of amelioration—to obtain ease, quiet—to soothe—to arrest the progress of acute disease—to prolong life, and even to make the rapid decay of consumption often a smooth, *easy*, and gentle decline." These, Sir, are but a sample of the advantages accruing from the employment of the stethoscope. The writer might have added, with equal truth, that it enables the physician to estimate accurately the strength of the patient's constitution, to regulate the extent of bleeding, and the requisite strength of the purgative draught—to define the quantity of squill and ipecacuanha that he will bear without vomiting, and to say, with a precision hitherto unknown in medicine, what he ought to eat and to drink. Some persons even affirm that it enables him to ascertain the age and sex of the patient, and to form a fair estimate of his natural powers of understanding, as well as the degree of their cultivation; but, for my own part, I am still sceptical on these points.

The physician who can undervalue such benefits, is, indeed, as Dr. Kay well observes, "*unworthy of public patronage*." There is one comfort however still in store—we now know who the physicians are that duly appreciate this inestimable discovery, and who are really deserving of the public support. Doubtless they will receive it, for John Bull is attached to the good things of this life; and if, after the public notifications lately made in the Medico-Chirurgical Review, and the "*Invaluable*," any man in London, Manchester, or elsewhere, dies of a pleurisy, or lingers miserably in a consumption, or suffers under the nightly tortures of water in the chest, why, he has only himself and his own obstinacy to blame. There is the stethoscope ready "to soothe," and to give him "an easy and gentle decline;"—let him but once feel its soft and gentle touch, stealing over the seat of decay, and by a sort of magic influence drawing to itself the

venom that lurks within, and he will rise like a giant refreshed. "The public ear is awake," as Dr. Kay again most truly observes. The public eye sleeps not. The pages of the *Lancet* are widely read, and ere long the names of those physicians who "close their ears to the voice of the charmer," will be as regularly shewn up, as in times past, and in the columns of *John Bull*, were those of the clergy who persisted in praying for Queen Caroline.

It has been declared by Dr. Kay, of Manchester, that by-and-by "it will be dangerous, positively *suicidal* to the professional reputation, to object to the stethoscope." Dr. Kay will excuse me, but the time is already arrived. Let no man henceforward treat any case without consulting his stethoscope. If there be any of the ordinary signs of thoracic disease (cough or spitting) use the stethoscope, and make assurance doubly sure. If there be not, then is the stethoscope more serviceable still, for it detects *latent* affections of the chest, and all of us know by experience the truth of that old maxim, *principiis obsta*. To whatever case then the practitioner is called, no matter whether it be a fever or a fracture, a dropsy or a dysentery, a fierce phrensy, or a pining atrophy, if he values his reputation, or the life of his patient, let him not neglect his stethoscope. It is the polar star that will guide him with almost unerring certainty through the difficulties of his daily task. In the emphatic words of Dr. Kay, whom I again quote with unfeigned pleasure, this (and this only) can stand "between him and the public spectacle of his error," and save him from those "remorseful feelings" to which those are doomed, who, bred in prejudice and nursed in error, vainly attempt to stem that advancing tide of medical improvement, which is, alas! so soon to engulf them!

I am, Sir,

Your very obedient servant,

ONE OF THE NEW SCHOOL.

Kensington, February 26, 1828.

ANALYSES & NOTICES OF BOOKS.

"L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'ALEMBERT.

A Lecture on the Functions of the Lymphatic System. By ROBERT JAMES GRAVES, M.D. M.R.I.A. King's Professor of the Institutes of Medicine in the School of Physic in Ireland. Dublin, Hodges and M'Arthur, 1828.

FROM a very early period, up to about the middle of the last century, no hypothesis in the whole range of physiological science seemed to be more indisputable than that of venous absorption. Even after the discovery of the Lymphatic System by Rudbeck, now nearly 200 years ago, when it was thought essential to assign a distinct and specific function to what was considered to be a distinct system of vessels; and when the business of absorption was universally attributed to them; yet was not the faith of the most eminent physiologists shaken—the absorbing power of the veins was still supported—it was strenuously maintained by Boerhaave and by Haller. It was William Hunter who first raised his voice in opposition to the received doctrine; and soon after, Munro Secundus signalized himself on the same side of the question. These two great men vied with each other in overturning the hypothesis of venous absorption; they were soon joined by a formidable troop of distinguished names—Mascagni, Sheldon, Cruikshank, and Hewson, among the number. But it was John Hunter, "the giant of those days," who set the question, for a time, completely at rest. By the weight of his authority, and the apparently decisive nature of his experiments, the theory of venous absorption was, at length, totally abandoned. "It affords us, however," says Dr. Bostock, "a striking illustration of the uncertainty of all human knowledge, and the mutability of all opinions, even those that seem to be founded upon the most direct and unequivocal evidence, that shortly after this unity of sentiment had taken place among physiologists, and when all controversy had ceased; or when the only subject of discussion was to ascertain in what degree the different anatomists

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had contributed to the establishment of the doctrine of non-absorption; it was again called in question by one of the first authorities of the age; direct experiments were adduced, that bore the marks of great ingenuity in their contrivance, and accuracy in their execution; the results of which were at least as decisive in favour of venous absorption, as the former had been in support of the opposite doctrine. The labours of M. Magendie on this subject, to which this observation refers, come to us in such a form as to entitle them to the highest attention." The experiments of the Hunters—John's more particularly—were repeated by Magendie with contrary results. But the great and decisive experiment was that which Magendie details as performed by himself, in conjunction with Delille. It consisted in dividing all the parts of one of the posterior extremities of a dog, except the artery and the vein. A quantity of a poisonous substance, the *Upas tiutè*, was then applied to the foot; when, in the short space of four minutes, its effects were rendered visible upon the functions of the animal, and in ten minutes it proved fatal. The experiment was repeated still more rigorously, by introducing small leaden tubes into the artery and vein, and then dividing the vessels; so that the two streams of the arterial and venous blood were now the only channel of communication between the extremity of the limb and the body of the animal; yet, under these circumstances, the poison produced the same effect as in the former case. One argument, however, in favour of the non-absorption of the veins, was still unanswered. "If the lymphatics," it was argued, "confessedly perform the function of absorption in certain cases, and if we know of no other function which they perform, we are justified in attributing the whole business of absorption to them." This difficulty Magendie was unable to surmount. In his zeal for establishing the absorbing power of the veins, he was carried too far—he endeavoured to prove too much: having established the absorbing power of the veins, he wished to maintain it to them exclusively, and even ventured to impugn the doctrine of absorption by the lymphatics.—One of three important conclusions which he labours to establish in his *Elem. Phys.*, is, that "It is not proved

that the lymphatic vessels possess the power of absorption;"—and here he rested, without assigning any function to the lymphatics in lieu of that of which he was willing to deprive them. This deficiency Dr. Graves has attempted to supply.

It has been often observed, concerning the career of medical science, that it is in many respects retrograde, and that most of our new inventions and discoveries may be traced to ancient authorities. We will not say that the observation is generally applicable; but, with regard to the present case, it is certainly not a little curious that the hypothesis of Dr. Graves may be traced back and found to coincide with the supposition of Galen. This acute and learned physician did not overlook a set of vessels so peculiarly situated as the lymphatics; but he never apprehended that the business of absorption required a distinct and specific vascular system for its performance. He looked upon them as a portion of the sanguiferous system, which was then supposed, and has since been proved, to be adequate to all the phenomena of absorption. How much the attention of anatomists, at every period up to the present, has been attracted by the importance of the lymphatic system, may be estimated by the fact that, about thirty years ago, when Soemmering published his *Treatise De Morbis Vas. Abs.*, the bare enumeration of the various publications on that subject that preceded his own occupied an Appendix of no less than 34 pages. The name of Magendie at the present period stands preeminent in the discussion of every question relating to absorption. This great experimentalist has traced it as it is connected with the veins, the lacteals, and the lymphatics; and it may be proper to observe, that he has most closely approximated to the very hypothesis which Dr. Graves has adopted. But an abridged outline of the Lecture, in which he discloses his own view of the subject, will, perhaps, convey to the reader a clearer idea of his theory, than any explanatory comment of ours.

A distinct lymphatic system does not exist in invertibrated animals: in these, the functions of both veins and lymphatics are discharged by one set of vessels, which have been usually termed veins. These animals, moreover, have a comparatively cold and colourless fluid cir-

culating, or at least moving within the sphere of their vascular system. In vertebrated animals the vascular system consists of two parts, one containing red blood, circulating in arteries and veins; and the other, a transparent, colourless fluid, conveyed towards the heart by the lymphatics; whereas, in invertibrated animals, the vascular system is single, and so is the circulating fluid. Accordingly, in the vertebrated division of the animal kingdom, the solids are red and white, whilst in the invertibrated they are simply white. In the superior classes, again, the quantity of red blood is proportioned to the quantity of red tissues; and the lower we descend in the scale of animal life, possessing a two-fold vascular system, the greater the preponderance of the lymphatic system over the venous.

From these premises, Dr. G. draws the following conclusions: 1. That the functions of the lymphatic system of red-blooded animals are intimately (?) connected with the white structures or tissues of these animals. 2. That a similar connexion exists between the red portions of the vascular system of these animals and their red solids. He next proves, by six arguments, which we think it unnecessary to detail, that a colourless fluid circulates in the white parts; in fact, that the white tissues are, during health, provided with vessels continuous with the arteries, but conveying only the serous portions of the blood; and that, in disease, these vessels admit red blood, and thus these parts become the seat of red inflammation. Having now proved that the white structures are supplied with white arteries, or vessels carrying serum *from* the heart, the grand question arises how this fluid is returned. The answer is, that these white structures are plentifully supplied with lymphatics, and these act the part of veins, corresponding to the white arteries; or, in other words, *the lymphatics are the veins of the white parts*. This is evidently the *resprobanda*; and the proof chiefly rests upon an analogical argument, namely, that these lymphatics, or *white veins*, bear the same relation to the white arteries as the red veins do to the red arteries. The white and red veins agree in several respects: the structure is valvular; in both, the contained fluid flows towards the heart; and is, in both, propelled in a constant equable current. Again, both carry

fluids, which are ultimately submitted to the necessary process of aeration. A fact discovered by Fohman, concerning the distribution of lymphatics in fishes, Dr. G. informs us, is almost decisive on the point: he found a considerable lymphatic trunk, conveying lymph to be aerated in the gills; while another trunk conveyed venous blood, to be aerated in the same organ. This fact is also valuable in another point of view; it is irreconcilable with the commonly received opinion, that the contents of the lymphatics are the useless *debris* absorbed from the various organs. Indeed, the fluid of the lymphatics is too colourless—too simple and uniform in its composition, to permit us to entertain such an opinion. Another proof of the analogy between the white and red veins is, that when, in disease, red blood finds its way into the white capillary arteries of white parts, the lymphatics are found to convey red blood from the inflamed part; and in suppuration purulent matter has been also found in the lymphatics. Again, both enjoy an absorbing power, though, perhaps, the lymphatics in a less degree; their natural contents being so much more simple, and their circulation slower. And, finally, if the lymphatics discharge the office of veins to the white parts, we should expect to find an ample supply of them in white structures; and, indeed, such is the fact, for no parts so abound with lymphatics as serous membranes, &c.

Such is the condensed analysis which we are enabled to present to our readers. There is an obscurity of phrase, a perplexity of method, and a discursive range of subject throughout the Lecture, which render it not a little difficult to follow the author in his meanderings; but we have no doubt that an attentive perusal of the production will prove not only highly interesting, but instructive, to the student in physiology. We may add, that Dr. Graves is entitled to a great deal of credit for the spirited manner in which he has broken the eternal sleep of the professors of the Irish metropolis. But with regard to this Lecture—what is our opinion of its merits? Why, as a tentamen, it is ingenious; yet it will fail to be popular, merely because it has been hastily presented to the public, with many little imperfections upon its head. The general impression upon

our mind is, that the theory is plausible, and perhaps tenable; but much remains to be proved before the Professor can be said to have succeeded in establishing his point. It may appear to him a little strange, but we must confess that many of our objections to his hypothesis are founded upon some of the very arguments by which he would support his demonstration. Why the lymphatics should *not* be *white veins*, we would simply suggest, the peculiar structure and valvular arrangement of those vessels—their fantastical shape and manifold anastomoses—the conglomerate glands through which they pass, of which nothing is known, and to which there is nothing analogous in the red venous system; add to this, the unascertained qualities of the lymph. Such are a few of our little objections; but, on the whole, we believe we may conclude with the cautious language (somewhat modified) of a learned writer, that “this theory is neither impossible, nor, perhaps, antecedently improbable;” and that, “with the evidence which we have in its favour, we can admit of no physiological hypothesis or train of reasoning which necessarily involves its contradiction.” E.

MEDICAL GAZETTE.

Saturday, March 8, 1828.

“Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso.”—CICERO.

VERDICT

IN

THE CAUSE ROLFE v. STANLEY.

THE verdict in the cause Rolfe *versus* Stanley has excited general astonishment and indignation among the members of our profession—but not greater astonishment, nor greater indignation, than the conduct of the Lancet upon this occasion. We have often thrown aside that publication with the firm persuasion that the Editor could not, by any future effort, exceed the effrontery he had already displayed:—but we

wronged the genius of “a Wakley,”—we knew not the excellence which the “march”—not of intellect, alas! but of impudence—was in this instance destined to achieve. In the leading article of our last Number but one, we endeavoured to place the subject in its proper light; and we are gratified to find that the opinions we then expressed have met with general approbation. We lamented that the uncertain nature of our art, and the difficulty of making unprofessional men comprehend the points at issue, should have led to a verdict injurious to the interests of the whole profession; and while these sentiments have found an echo in every dispassionate mind, the Editor of the Lancet has had the indiscretion to throw aside the mask which he generally assumes on such occasions. Instead of entering the lists as the self-constituted champion of the profession, he appears in his true colours—an open, avowed, unblushing traitor to the cause of those but for whom he and his Journal would long ere now have sunk into the obscurity which awaits them. The Lancet, we say, glories in the general evil, and claims its production as especially his own. We confess, however, that we think this is to be looked upon as the result of blind stupidity rather than of intentional insult. Because the verdict happens, in this instance, to have been against an Hospital Surgeon, the Lancet is short-sighted enough not to perceive that the result is pregnant with danger to the general practitioner. If a person meets with an accident of a serious nature, and takes the opinion of an hospital surgeon, (say of Sir Astley Cooper,) which opinion afterwards turns out to be incorrect, he does not dream of proceeding against him at law;—he very naturally argues, that if HE did not make out the case, there must have been something very obscure in it; that it was the imperfection of the art, not the

ignorance of the surgeon, which gave rise to the error; that he had taken the "best advice," and that—in short, there was no help for it. But the lower we go down in the scale of authority, the less likely is this view to be taken of the subject—the more likely is the patient to doubt whether he has been properly treated, and, consequently, the more likely is he to have recourse to law. For an hospital surgeon to have an action brought against him is extremely rare; for other surgeons, it is by no means so uncommon, although, fortunately, it has not hitherto been frequent. Now we put it to any impartial man, capable of judging (of course we do not appeal, in either sense, to the Editor of the *Lancet*) whether the circumstance of a verdict having been returned against the evidence of the higher authority, has not a tendency, *à fortiori*, to lead both to the seeking and to the obtaining of verdicts against an authority which is acknowledged to be lower. Hospital surgeons are avowedly looked upon by the public as higher authorities in our profession than those who have not hospitals; and, consequently, all other practitioners are, in this respect, second to them.

The worthy Editor goes on to speak of the case as if it had been a contest between hospital surgeons and general practitioners, and a contest in which the latter had triumphed over the former. "The voices of pure surgeons and Aberdeen doctors," says Mr. Wakley, "can never more be raised against the great body of English surgeons, with Mr. Lawrence at their head." Any one who did not know more of this case than that three of the "great body of English surgeons," (but, on this occasion, without "Mr. Lawrence at their head,") and one hospital surgeon, (who, according to the *Lancet*, does not belong to "the great body,") were called to Mr. Rolfe, would infer

that they "of the great body" had found out something which he, not "of the great body," had left undiscovered. Now what is the fact?—Mr. Garman, Mr. Jennett, and Mr. Lilly, three general practitioners, saw the patient; the first before Mr. Stanley was called in; the second with him; the third, after his attendance had been discontinued. Which of these gentlemen, the reader of the *Lancet* naturally inquires, discovered that the flint *was* a flint, and not a piece of bone? He who saw the patient immediately after the accident, and, by his own account, washed off from the knee the other "gravelly particles;" he who attended at the same time with Mr. Stanley; or he who had the care of the patient some months afterwards, when the foreign body was working its way to the surface? Unfortunately for the argument of the *Lancet*, none of them did so. Mr. Garman says, "I examined the right knee, of which he complained, and found a considerable laceration on one side of the knee, and a hard moveable substance in the interior, lying about an inch from the knee-pan. I immediately washed the knee; and having cleansed it from the superficial gravelly particles which had adhered to the skin, I applied a simple lotion, and took him to his own house, in Dean-street, Soho; when I advised that Mr. Stanley, who is a surgeon, residing in Lincoln's-Inn-Fields, should be called in. He was accordingly sent for, and I remained with him while he examined the knee, which he appeared to me to do in a proper manner; and after having done so, he directed that splints should be applied, to prevent the motion of the joint."

This is a perfectly plain, unassuming evidence; in which there is not even a hint that Mr. Garman differed in his view of the case from Mr. Stanley. Mr. Jennett was not called, but we

know that he did not suspect the truth any more than the others; indeed, had he done so, his testimony would have been too important to be omitted. Let us next see what Mr. Lilly says: his words were, "I told Mr. Rolfe that if it were my case I should keep it quiet, and try to soothe the limb by applying poultices, and giving it perfect rest. I advised him with respect to his general health, change of air, diet, and suitable medicine for restoring his health. In the course of a month his health was much improved. I examined the knee again in about a month after that period, *two months after I first examined it*, and I found the hard substance had advanced nearer to the surface. At this time it had at one part perforated the skin: I enlarged the wound sufficiently for its removal. I removed it: it proved to be a flint." Here, again, is a very plain statement, without any pretension to the merit of discovering what had escaped Mr. Stanley: something perforated the skin at the end of two months attendance, and "*it proved to be a flint.*" Being cross-examined by Mr. Serjeant Wilde, as to his previous opinion concerning the foreign body, he answered, "I thought it was bone." We have quoted the evidence to shew that we have given it no colouring to suit our side of the argument; and we have taken it from what, in this instance, must be looked upon as an unexceptionable source, viz. the *Lancet* itself. It is therefore obvious, as indeed was stated by the Judge, that all the surgeons who had seen Rolfe,—he who preceded Mr. Stanley, he who was associated with him and he who came after him, had taken the foreign body in the knee for a piece of bone. In the name of common sense, then, what has this matter to do with the "great body of English surgeons, with Mr. Lawrence at their head?" The verdict of the jury was given against an hospital surgeon

for not knowing what the foreign body in the knee was, notwithstanding that three general practitioners who were called to the patient were also ignorant of that fact; and the verdict was equally against the testimony of all practitioners, by whatever name designated. The evidence which influenced the jury was that of the stone itself; and the question with them evidently was—not whether the treatment had been good or bad; not whether the other surgeons who saw the patient had formed the same opinion as Mr. Stanley; not whether persons acquainted with such matters thought that they, under similar circumstances, would have come to a similar conclusion; but it was simply this—whether or not the foreign body was a piece of bone. The more subtle parts of the question were above their comprehension; but this they knew—Mr. Stanley had said the substance in the knee was a piece of bone, whereas they had all the evidence of their senses that it was a piece of flint; and upon this they returned their verdict.

With Mr. Stanley we have nothing to do, farther than as he happens to be the surgeon to whom this case occurred! We look upon it altogether as a public question, involving the interests of the profession at large; but most of all the interests of the general practitioner. It is a verdict full of danger, inasmuch as it proves that there is no safety for the medical attendant if he makes any mistake in his diagnosis, even although such mistake lead to no error in practice. At this rate no one is free from the risk of a prosecution, which must, under such circumstances, always be vexatious; and which, without any fault of his, might prove absolutely ruinous, by fixing a stain on his character which no evidence and no verdict might suffice effectually to remove. And yet the *Lancet* has the infatuation to boast of this as his doing! Although we cannot but smile

at the vanity of the Editor, who is apt to attribute rather more influence to his lucubrations than they really possess, yet we should be sorry to counteract the benefit which such an avowal is calculated to effect, by opening the eyes of the profession to the principles of a journal, which, not contented with insulting them, boasts of having produced by his writings a serious and general injury.

The *Lancet* on this, as on all other occasions, appeals to the general practitioners; we too make the appeal, and we say to them that the Editor of the *Lancet*, in order to cajole them into supporting his sinking publication, endeavours to persuade them that we and others are the organs of a party hostile to them and to their interests: we deny it:—that he would have them believe that the trial in question has been a contest between them and hospital surgeons: we have proved this to be false:—that he insults their understandings, by boasting of having produced a verdict which places them, more than any other class of men, at the mercy of every ignorant or discontented patient who fancies that he has not been treated as he ought, and who, influenced by avarice, or perhaps by personal pique, and encouraged by the result of this cause, chooses to bring an action; a circumstance, we repeat, which may prove ruinous to them even although they should be wholly without blame, and obtain a verdict in their favour.

We have entered thus fully into the question, because the *Lancet* has made it the subject of three leading articles, remarkable alike for their dulness and duplicity; and, in conclusion, we take the liberty of suggesting to Mr. Stanley the expediency of moving for a new trial: this, we think, he owes to himself and to the profession. Nay, it seems that all parties are dissatisfied: for much as the *Lancet* boasts of having obtained the verdict for him, even

Rolfe is not contented with his thirty pounds; that is, if the letter in the “invaluable” of last Saturday, signed by a person named Vincent, be not a fabrication. “I beg to inform you,” says this gentleman, “that the plaintiff is equally dissatisfied with the verdict.” Now this does astonish us a good deal, for we should have thought, to speak professionally, that Mr. Rolfe would have looked upon it as a very profitable *suit*.

LESLIE *versus* THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

JUDGMENT has been given in this important case. The conditional order for the mandamus has been refused, and it is *left to the College* to decide who are to be considered as regularly bred surgeons.

On Thursday last, counsel was heard at great length on both sides. On the part of the College it was agreed that there were not sufficient proofs of Mr. Wilson (to whom Mr. Leslie served his apprenticeship) being a regularly bred surgeon; that though he had a Glasgow diploma, it was one for pharmacy as well as surgery; and such as never had been recognized by the Royal College of Surgeons, in Ireland; and that, therefore, there could be no attestation of a “regular” apprenticeship. On Mr. Leslie’s part, it was shewn, that even admitting all this, no evil could possibly result from granting him the examination which he sought, inasmuch as he might be rejected if not competent. The peculiar hardship of his case was ably pointed out, and it was argued that the College had acted towards him capriciously and unjustly. On that occasion judgment was deferred, but on Saturday the matter was finally settled, as we have already stated. The Irish College of Surgeons, it seems, is to decide on the import of the disputed appellation, and to set at rest the point, “who are the regularly educated in the surgical profession.” This is, indeed, a triumph to them; and they may now, in good earnest, spare themselves the trouble and expense of procuring the new charter, which they had for some time in contemplation.

HOSPITAL REPORTS.

ST. THOMAS'S HOSPITAL.

Aneurism of the Arteria Innominata.

WILLIAM ANDERSON, a tall, rather spare, but muscular sailor, æt. 42, was admitted, No. 12, Henry's Ward, Feb. 21st, 1828, under Mr. Travers.

He has never, it appears, had any severe indisposition, but when residing—as he frequently has done—in hot climates, has had slight attacks of cholera. Till the last two years his employment was very laborious, being much aloft, but since then, having been quarter-master, he has had a more easy birth. Till five months since could bear severe exercise without uneasiness, but at this time he first felt pain in the right arm, extending to the elbow, at times very severe, and shortly found that some dyspnœa was produced by any unusual exercise; complains also at this time of a sense of “fluttering” in the head, vertigo, and an unsteadiness of the eyes, being unable to fix them, even for a short period, on one object. Being at this time in the Straits, the ship surgeon recommended his return home. On his passage he had a rather severe fall, “pitched on his feet, and was much shook,” but does not recollect that the pain in his arm, or other symptoms, were increased. He continued, indeed, much the same until two months ago, when, suddenly, whilst walking pretty briskly, he felt a severe pain under the right clavicle, which continued the greater part of the day, and has since frequently returned. About a month ago first perceived a swelling where he had before experienced pain, and this has continued increasing in size till the present time.

He has now a pulsating tumor, situated at the sternal extremity of the right clavicle (which it has dislocated from its attachment); it is about the size of a duck's egg, or rather larger, somewhat oblong, and extending from under the clavicle in the before-mentioned situation, behind and to the outer part of the sterno-mastoideus muscle; it is fluctuating, and rather easily compressed.

The carotids on both sides beat with equal strength (but neither *very* forcibly). Pulsations at wrists, synchronous, equal in volume, and rather small. Complains of pain down right arm to

the elbow; also up the right side of the neck. No head-ache; but there is an unsteadiness in the eyes, not, however, arising from intolerance of light. No pain in left arm. His countenance is pretty good; no œdema* nor puffiness below the eyes, nor lividity of the lips: devoid of anxiety.

Percussion affords a dull sound for a very short distance (indeed scarcely at all) beyond the external tumor. In the cardiac region it is not more extensive than usual.

Auscultation.—The cylinder placed over, and in the region of the tumor, affords merely an impulsion, and a sound like the healthy ventricular contractions, synchronous with the pulse at wrist; there is neither the “bruit de soufflet,” “de rapt,” nor any *preternatural sound*.—The examination with the cylinder was extended along the arch to the heart, which was also explored, without, however, detecting any organic lesion. The heart's action is probably perceived over *rather* a larger space than natural—but this is problematical.

The patient has no habitual dyspnœa; but on exertion some uneasiness is produced, which, however, he refers to the tumor. If the hand is placed over the aneurism, it may not be improper to remark, the *thrill*, generally felt when it is in contact with the parietes, is not perceived.

Mr. Travers appears hitherto not to have determined on the mode of treatment, except as regards *not* securing the artery or arteries *ultra tumorem*, which no surgeon will, he thinks, undertake after the result of the cases in which that method has been tried. Perhaps, without pretending to advocate or deprecate that practice, we may be permitted to advert for a moment to the principal causes of failure in those cases. They appear to have been diseases of the heart and hæmorrhage; now the *latter* objection is entirely out of the question, as it holds equally in *all* cases of aneurism, and therefore cannot apply in particular to *this*. The *former* is insurmountable, if it is found in all cases such as we are now considering; for, if organic disease of the heart already exists, few surgeons will certainly be found sufficiently bold to

* A symptom almost constant in disease of the heart—as far at least as my observation has extended.—REPORTER.

secure by ligature an almost primary artery or arteries, and thus, by presenting new difficulties—new obstructions for the heart to overcome—inevitably increase the disease already there existing, and hasten the patient's death; but is it a *fact* that we cannot find aneurism of the innominate or carotid *without* disease of the heart? certainly not—such are already on record. *It is for the surgeon then to distinguish those cases*, which, however rare, he will continue to seek for, and having found one, look narrowly into the resources of his art, and probably devise some method for its relief.

Have we then disease of the heart in the present case? this is an interesting question, and one which we may fairly leave in the hands of the excellent surgeon who has charge of the patient: the stethoscopic and general symptoms we have endeavoured to record faithfully; the deductions from those, or, what is still better, from a careful examination of the patient himself, we will leave for others.

It is very curious the stethoscopic phenomena of aneurism are in this case so imperfect.

ST. GEORGE'S HOSPITAL.

Case of Inguinal Aneurism, in which the External Iliac Artery was tied.

BY MR. BRODIE.

PATRICK CONNELL, ætat. 38, a tailor, was admitted into Hospital Feb. 15th, 1828, under the care of Mr. Brodie. He stated, that in the month of October last he was much exposed to cold and damp in White-Cross Prison, and at that time was affected with "rheumatic pains," particularly in the left leg. About the middle of November, whilst making some exertion, he felt something "give way" in the left groin, and soon afterwards noticed a small pulsating tumor there. It increased gradually in size for the first fortnight, and then remained stationary, or nearly so, until the beginning of the present month, when it became much more swollen and painful, and the limb, generally, œdematous. He applied eight leeches to the groin with some relief, and took a purge or two; but has done nothing further for the complaint, and has followed his ordinary occupation until very lately.

Such was the history of the disease

given by the patient; and the following were the symptoms upon his admission. In the left groin was a hard, pulsating tumor, nearly filling up the triangular space between the sartorius and pectinæus muscles. The margins of the tumor were tolerably well defined: its form was triangular, and its surface irregular, being more prominent above and below than in the centre. It appeared to be somewhat abruptly bounded by Poupart's ligament above; and extended downwards for better than two inches, probably to the point where the profunda femoris is given off. It was reducible, in a great measure, by pressure*; the pulsation was distinct, and, apparently, very near the surface, shewing that no great quantity of coagulum had been deposited. Pressure upon the external iliac artery completely *arrested* the pulsation of the tumor, but did not materially diminish its size; whilst pressure on the femoral below only *lessened* the pulsation. The whole limb was greatly swollen, and rather tense, while the foot was œdematous and numb. There was much stiffness, with tingling, and pain shooting from the groin round to the outer side of the thigh, and down to the outside of the knee. His health had always been good; but he looked sallow and anxious, had been suffering many privations, and a great deal of mental distress. The appetite was indifferent; he did not sleep well; the bowels were costive, tongue red, and the pulse had the aneurismal jerk. Under these circumstances he was bled once or twice, and purged; and, on the 21st, the pulse being quieter, and the patient anxious for the operation, the external iliac artery was tied by Mr. Brodie.

The method of operating was that which has been recommended by Mr. Abernethy; the incision, however, being somewhat semilunar, and placed rather more on the iliac side of the vessel than in that gentleman's operations. The oblique and transversalis muscles were carefully cut through, the peritoneum cautiously raised from the belly of the iliac and psoas muscles, and the artery discovered pulsating on the inner side of the latter. Care was required in passing the needle round the vessel, in

* It is stated in the ward-book, by the house-surgeon, that the tumor could be *obliterated* by moderate pressure. There must, however, be some mistake here; for we used considerable force, and, certainly, could by no means remove the tumor altogether.

consequence of its having contracted some adhesions to the vein, &c. ; but this being done, and the ligature, which was a single one, drawn tight, all pulsation ceased immediately in the tumor, though it did not diminish much in size. The lips of the wound were brought together by three sutures and adhesive straps ; one end of the ligature brought out at the wound, the other having been cut short, and the patient removed to bed. The operation was performed with great facility, and the patient bore it remarkably well ; whilst the pain in the thigh, &c. almost instantaneously ceased. In the evening the limb was colder than the other ; he had been sick, and was restless. Pulse a little harder than in the morning. A flannel roller had been applied.

22d.—Has passed a better night, but his appearance is far from being satisfactory this morning ; his breathing is oppressed—he speaks in an under tone, as if fearful of calling into action the respiratory muscles ; and there is that playing of the nostrils described by Mr. Charles Bell as marking an insidious affection of the chest. There is pain in the right side and loins on taking in a full breath, as well as in attempting to cough, which he is *afraid* to do ; thirst ; tongue coated ; pulse 90, corded, and full. Mr. Brodie, on seeing the patient at 1 P.M. immediately directed a vein to be opened, and after 18 oz. of blood had been abstracted, the pain in the side was relieved, and the countenance clearer.

H. Sennæ, 6tis horis.

Vesp.—The bleeding has had a most decided effect, the pain being much relieved, and the hardness of the pulse diminished. He has been asleep during a great part of the day, and feels much better this evening. The bowels have not yet been opened ; the blood drawn is buffed.

Rep. Haust. Sennæ.

23d.—No pain in the side on coughing ; pulse 120, soft ; tongue cleaner. There has been no return of pulsation in the tumor, which is evidently decreasing in size, and *softer*. Œdema less ; temperature of the limb natural ; bowels very relaxed.

Enema c. Mucilag. Acaciæ, ℥iv. T. Opii, ℥xxx.

25th.—Has been doing exceedingly well since last report ; the tumor is decreasing in size, he has no pain, the looseness of the bowels is checked, and,

altogether, the case at present promises well.

28th.—He is rather feverish to-day : the wound is suppurating freely around the ligature, and matter appears to be burrowing a little at its lower part. To lie on the affected side, so as to give a readier exit to the discharge.

March 5.—He has been going on with little variation since last report : no pulsation has ever appeared in the tumor, which continues diminishing in size. The ligature has not yet separated from the artery, and lies in a kind of cavity, formed by the wound not having united for some little distance around it. The man's appearance is much improved, but he has still a disposition to feverishness and disordered bowels.

In a Clinical Lecture delivered upon the case, immediately after the performance of the operation, Mr. Brodie observed, that he had preferred Mr. Abernethy's operation in this instance, because he was induced to believe that the disease had extended up beneath Poupert's ligament, requiring the ligature to be applied upon the upper portion of the external iliac. In Sir Astley Cooper's method, the ligature is necessarily applied rather low, and there is likewise a danger of wounding the epigastric artery, which was done in 1821 by M. Dupuytren. For these, and other reasons, which we need not particularize here, Mr. B. was induced to prefer, in this instance, Mr. Abernethy's operation, which he had twice previously performed with success. He had made the incision somewhat semilunar, partly because such a form of incision affords facilities to the operator, and partly because the iliac vessels assume a certain curve as they wind round the cup of the ilium.

Necrosis of the Ossa Humeri : Partial Destruction of the Acetabulum, and Lodgement of the Head of the Femur in the Pelvis.

THIS was a very curious and a very puzzling case, which, during the patient's life, excited a good deal of attention, as well as much speculation as to its exact nature.

Thomas Gilham, ætat. 15, a baker's boy, was admitted, Dec. 12, under the care of Dr. Pearson, with ulcers on the sacrum and hips, after what appeared to have been rheumatic fever. The right arm could not be moved ; and about the insertion of the deltoid, as

well as over the shoulder-joint, a fulness was observed, as if inflammation were taking place there. He was ordered bark and Dover's powder, with beef-tea and porter, and subsequently took the *pil. saponis c. opio*, and *pil. hydrargyri*, with *tinct. digitalis*, in consequence of some hydrocephalic symptoms having shewn themselves. On the 7th Jan. he was turned over to Mr. Keate.

The first time we had an opportunity of seeing the patient was upon the 5th. He was then delirious; the pupils dilated, and contracting sluggishly on the approach of light; in fact, he was labouring under symptoms of water on the brain. The right arm presented a curious appearance, the shoulder being round and full, and the clavicle thrown upwards; so that, at a cursory glance, it presented the appearance of dislocation under the pectoral muscle. On closer examination, the humerus was found to be very irregular; in some parts knobby and enlarged, in others, of its natural calibre. The fulness of the shoulder was apparently dependant on a very considerable enlargement of the bone, in the situation of its head and greater tubercle, whilst, at the same time, decided fluctuation was perceptible over the joint. The coracoid process and acromion scapulæ could be distinctly felt; and there was a certain hollow beneath the latter, as though the head of the humerus had partly escaped from the glenoid cavity. The whole arm was swollen, and on its outer side, a little below the acromion, a projecting point could be felt, indeed *seen*, which seemed to move somewhat under pressure. There was some pain (not very much) on motion of the joint; and, when the arm was moved up and down, he said he felt a kind of crepitus. He had hectic symptoms, flushing and perspirations at night, &c., and was exceedingly emaciated, but on the whole there was a remarkable absence of suffering*.

He was ordered *Quin. sulph. gr. i.*—*Infusi rosæ*, $\frac{3}{4}$ iss. ter die; and on the 8th, spirit lotion was applied to the shoulder, and a blister to the head. Under this plan, with occasional purges, and leeches to the shoulder, the pain and swelling of that joint in a great

measure subsided. On the 30th Jan., however, they returned with increased severity, and a puncture was made on the outside of the arm, evacuating some three or four ounces of thin puriform matter. Next day there was some pain on pressure of the abdomen, and six leeches were applied, the quinine being omitted.

Feb. 1st.—The upper part of the *left* thigh has become suddenly swollen, tense, and tender; he is very low, and perspires profusely. *Hirud. vi. femori*. On the 2d, the swelling, &c. in some measure left the thigh, and extended up the abdomen. He was taking an anodyne every night, with wine and water occasionally. *Hirud. iv. abdomini*.

Feb. 4th.—The upper part of the left thigh is still twice the size of the other, and the lower part of the abdomen on that side is a good deal enlarged. Since the puncture was made in the shoulder, the fulness, &c. has a good deal diminished; but that point of bone which was felt below the acromion has ulcerated its way through the integument. He has little or no pain, but is evidently sinking.

On the morning of the 9th he expired.

Sectio Cadaveris.—The body was emaciated to the greatest degree. On cutting into the prominence of the shoulder, the deltoid muscle was found to have been entirely destroyed, and in its place there remained only the ragged, ill-defined walls of an extensive abscess. In the middle of this cavity, there stood up that end of bone which had been felt whilst the boy was living. This was found to be the extremity of the *shaft* of the humerus, which had been partially dislocated from the head of the bone at the epiphysis. The consequence of this was, that the *head* of the humerus, instead of forming, as it naturally does, a very obtuse angle with the *body*, had fallen inwards, almost to a right angle with it, assuming somewhat the form of the neck of the thigh-bone. The periosteum was separated for some extent from the shaft, which was dead, and enveloped, a little below the insertion of the deltoid, in a new bony case. On cutting into the shoulder-joint, it was found to be perfectly free from ulceration or suppuration; but the head of the bone was considerably larger than natural, and this appeared to be the case, in some degree, with the glenoid cavity. Attention was now drawn

* Mr. Keate, we believe, considered the case to be one of necrosis of the humerus, with extensive suppuration communicating with, if not originating in, the joint.

to the *left* shoulder, of which the patient had never complained. On cutting into the deltoid, the bursa beneath it was found to be disorganized, and filled with matter. On opening the capsule of the shoulder-joint all was right; but on taking out the upper portion of the humerus, and making a longitudinal section of it, there was presented a complete *fac-simile* of the disease on the opposite side, only in an earlier stage. The shaft was patched, here and there, with deposits of *new* and vascular bone; and beneath these, there was evidently commencing death of the *old*. The head of the humerus was greatly enlarged, partly from an extravagant deposition of cartilage, and partly from a superabundant quantity of bone. Here also the head was at an unusual angle with the body; and it seemed to be caused by the deposition of bone having principally taken place between the epiphysis and the shaft, on the *outer* side, whilst little or no such deposit had taken place on the *inner*. Thus the new ossific matter would appear to have formed a kind of wedge, *tilting up* the outside of the head from the body of the bone, whilst the inside remained fixed, or nearly so, constituting the fulcrum. Between the epiphysis and the shaft, there were likewise one or two small carious spots, evidently preparatory to that complete reparation of those portions which had taken place in the other arm. An examination was next made of the left hip. On making an incision above Poupert's ligament, an immense gush of puriform matter took place, evidently from within the cavity of the pelvis, though on the outside of the peritoneum. In short, it was discovered that the inner half of the acetabulum was destroyed; that the head and neck of the thigh-bone had pushed through the obturator foramen into the cavity of the pelvis; that the whole cup of the left os ilii was denuded of periosteum, scabrous and blackened; the iliac muscles of that side almost utterly destroyed; and one vast depôt of pus occupying their place, and gravitating down into the cavity of the pelvis! The iliac fascia, however, was exceedingly thickened, so as to form a kind of *rampart* between the pus and the peritoneum, which was a little, and but little, inflamed.

ST. BARTHOLOMEW'S HOSPITAL.

CASES OF PHAGEDÆNA.

No. I.—Failure of Nitric Acid.

C. L. æt. 25, was admitted on the 20th February, under Mr. Lawrence, with a phagedenic sore at the root of his penis. He states, that for nearly a twelve-month past he has had a venereal affection, at one time getting well, and at another breaking out again, consisting, according to his account, of small sores; but he has also had a discharge from the urethra, which has scarcely ever left him; his employment, that of a bricklayer, exposed him a good deal to the weather, and he was rather accustomed 'to keep out the cold' with spirits; his general health has varied at different times, and he has taken a good deal of mercury at intervals. About a fortnight previous to his admission he perceived a small sore on the left side of the penis, just at its root, which, being at first neglected by him, rapidly attained its present size, about that of a crown piece; it was covered with dirty sloughs, was exceeding painful, accompanied with a foul discharge, and that peculiar odour which characterizes a phagedænic ulcer. A dusky inflammation extended upon the neighbouring skin for some distance; there was complete phymosis, and a copious running from the end of the urethra; his pulse was 155 and full, his bowels confined, tongue furred, skin hot and dry. He was ordered a dose of calomel and jalap, with the compound senna mixture, bleeding to $\mathfrak{z}\text{xvj}$. and a bread poultice.

Next day the sore looked no better; indeed it had somewhat increased: the constitutional symptoms were but slightly amended. The strong nitric acid was freely applied to the part, but without success, and the disease still making progress, Mr. Laurence thought it better to change the mode of treatment, and the patient was ordered to take Pil. Sap. c. opio, gr. v. 6tis horis, and gr. x. h. s. Lotio opii sed. to the ulcer. In three days the good effects of this treatment were very apparent, the ulceration had stopped, some granulations were appearing through the sloughs, which were coming off, and the patient's general health was exceedingly improved. The sore had, however, before this, extended round to the under part of the penis, and laid bare the corpus spongiosum urethræ, in

which were two small holes, through which the urine came. It would be unnecessary to give a minute detail of the remainder of this case; it will be sufficient to state, that since that time the patient has gone on daily improving, and the quantity of opium has, in proportion, been gradually diminished; at this present time he takes no medicine, the ulcer is fast healing, and the man may be considered convalescent.

No. II.—Sloughing Penis cured by Mercury.

On the 1st Feb. Mr. Laurence admitted A. D. æt. 30. About a month before he came to the hospital a small bubo appeared in his right groin, which in a few days was followed by a sore on the tip of the glans penis, for which a medical man gave him mercury, but not sufficient to salivate him; the ulcer however increased, and became sloughy, attended with great pain, and the symptoms increasing, he came into the hospital. At that time, on drawing the foreskin backwards, a large slough, occupying apparently the whole top of the glans, was visible. The end of the prepuce was of a dark red colour, indicating acute inflammation going on beneath it, but not much swelled; there was a foul discharge and severe pain; the constitution however seemed but little disturbed; pulse 90, and not full; tongue tolerably clean; skin rather dry; bowels open. He was immediately ordered, Pil. Saponis, c. opio, gr. v. ter indies, and Liq. opii sed. diluted, to the penis. House medicine, if necessary.

On the 3d there was no improvement in the part; he was ordered to omit the lotion, and to fumigate twice daily, but this application gave him such pain that it was employed only twice. The pills were continued.

On the 4th, it was resolved by Mr. Lawrence to bring the patient under the effect of mercury as soon as possible, and he therefore directed him to take, Cal. gr. ij. opii gr. $\frac{1}{2}$, 4tis horis. Lotio nigra to the penis.

On the 6th, as the mercury had not produced its effect, he rubbed in the mercurial ointment twice daily, and by these means the mouth soon became sore, and a very evident improvement took place in the ulcer. The slough began to separate, and in a few days the wound looked clean and healthy. The patient has gone on remarkably well ever since, and is now nearly cured.

REMARKS.

In the first of these cases we have good proof that the same disease cannot, in every instance, and in every constitution, be treated alike, for here the nitric acid completely failed, and the cure was effected by opium. On the other hand this application seems at times to produce the most decided benefit. Mr. Earle had a patient a short time ago, in whom a sore of this character, and situated precisely on the same spot, was immediately arrested in its progress by this remedy, and yet there was apparently no great difference in the symptoms of the two cases to account for the different success of the treatment.

When Mr. Lawrence first saw the second case, he said it was one of those which he had often seen yield to nothing but a full and speedy mercurial action, and the result proved the correctness of the observation; but it would be wrong to suppose this any precedent for the use of mercury in phagedæna, for the case was certainly not what Dr. Carmichael calls phagedænic ulceration,—it was more properly a *sloughing penis*, a disease which is not unfrequently mistaken for the former, and to which it certainly in some respects bears great resemblance; but, if we mistake not, the origin is different, the sloughing penis being the result of acute inflammation, terminating in slough, much in the same way as it would do in any other part which was unable to bear the inflammatory action; and on the other hand, phagedænic ulceration generally originates in filth and misery, or is produced in a constitution predisposed to the affection, for we constantly see a patient suffer four or five successive attacks of this disease, although each time it is apparently cured. This, we believe, is not the case in the other affection; our object however is not to enter into the history of these diseases, but merely to prevent any misconception with regard to the treatment which was employed.

EXTRACTS FROM JOURNALS,

Foreign and Domestic.

HEREDITARY DISPOSITION TO CATARACT.

THE following consultation, which occurred in the practice of M. Dupuytren,

is interesting, inasmuch as it puts the above disposition in a very strong point of view. On April 27, 1820, Madam St. Pierre, accompanied by part of her family, presented herself at the public consultation of M. Dupuytren. Among the individuals of this family, so many are affected with cataract that it is difficult to explain the occurrence without referring it to hereditary disposition. At the age of upwards of sixty, Mad. St. Pierre's sight first began to be affected; eighteen months afterwards both the chrystalline humours were entirely opaque. The operation of depression was performed on one eye by M. D. with perfect success. No operation was performed on the other eye.

At twenty-eight years of age, the sight of this person's daughter began to fail; soon afterwards she became unable to do more than merely distinguish day from night: the pupils were moveable, and the eye otherwise sound: two years afterwards, M. D. depressed the cataract in one eye; the patient recovered her sight, and ten years afterwards the vision continued to be perfect. Some time afterwards, hearing of the reputation of M. Forleuze, she applied to him, and had the cataract of the other eye extracted; unfortunately, inflammation ensued, which went on to produce total opacity of the cornea, and the patient lost the eye entirely; but the inflammation produced no ill effect upon the eye formerly operated upon by M. Dupuytren. The son of this woman, seventeen years old, was already suffering from two cataracts: they were both depressed at the Hotel Dieu, and the lad recovered his sight.

At the time this lad was admitted into the hospital, Mad. St. Pierre also brought another of her grand-children, the chrystallines of whose eyes had begun to be opaque; and one little girl besides, who complained of seeing all objects through a mist, which, as every one knows, is one of the earliest symptoms of cataract. Thus it appears that a grand-mother, her daughter, and three grand-children, were all affected with the disease.

TREATMENT OF EPILEPSY BY THE ROOT OF THE ARTEMISIA VULGARIS.

For several years many experiments have been tried in Germany which appear to prove the anti-epileptic powers of this remedy. By many authors its virtues have been much extolled.

Dr. Burdal, of Wiebal, and Professor Hufeland, have used it, gathered in October, and reduced to powder, with much success in many cases of epilepsy. The dose is from fifty to seventy grains. It has been generally given in warm small-beer. A copious perspiration mostly follows, and a few doses have frequently succeeded in effecting a cure. The cases in which the artemisia has been most beneficial, have been those in which the paroxysms of the disease occurred frequently and periodically. Very satisfactory evidence is adduced upon this subject, by E. Graefe, who speaks confidently of the anti-epileptic powers of this medicine. According to the latter authority, it has been used with equal success in cases of catalepsy, but requires to be continued for a longer time than in epilepsy. Neither the infusion nor decoction of the root can be depended upon. In one case of epilepsy recorded by Graefe, the patient had been afflicted with the disease for several years. He took two ounces of the powdered artemisia, in divided doses. The violence of the paroxysms gradually subsided, and in one month from the first employment of the remedy they entirely ceased. In the second case of a cataleptic woman, it was equally successful, after various other means had been employed in vain. This patient took altogether four ounces of the powder.

OSSIFICATION OF THE TUNICA VAGINALIS.

M. Yvan lately presented to the Académie Royale de Médecine two cases of ossification of this membrane. They had been removed from the body of a man 83 years of age: the testicles were perfectly sound. M. Cloquet mentioned two similar cases which he had seen with Béclard. M. Amussat had extirpated a carcinomatous testicle, which was ossified in different parts.—*Arch. Gen. Jan.*

PROCEEDINGS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

IN a preceding number we detailed the particulars of a case of non-union of the thigh-bone—we subjoin the observations made by Mr. Amesbury at the meeting of the 25th.

He pointed out the differences which obtain in the nature of fractures, according to the direction which they take

through the bone, and the degree of laceration which accompanies them. He then remarked upon the action of the muscles of a fractured femur, and stated that this action would be modified in its effects according to the situation and nature of the fracture. The upper portion was displaced transversely, principally by the action of the flexors of the thigh; and the lower portion by the action of the gastrocnemius and popliteus. Mr. A. wished to call the attention of the Society particularly to this point, as he was not aware that the effect of the tonic contraction of these muscles, in turning the lower fragment round upon the tibia, so as to produce transverse displacement of this part, had been noticed before he had made it known. The flexors of the thigh, and the gastrocnemius and popliteus, in some cases, acted in such a manner as to draw the fractured surfaces together in the transverse direction; but this was only when the fracture was obliquely downward and forward, or nearly so: in all other directions these muscles tended to separate the fractured surfaces from one another in the transverse direction. If the fracture were high up, the action of the flexors of the thigh would have a greater effect in producing transverse displacement of the upper portion than when situated near the condyles. The reverse of this, however, took place with respect to the lower portion: here the tonic power of the gastrocnemius and popliteus would have a greater effect, when the fracture was situated near the condyles, than when situated near the middle of, or higher up in the bone; and as soon as transverse displacement is effected by either, or both, of these causes, displacement in the longitudinal direction is produced by the action of the long flexors and extensors of the leg.

He then remarked, that the indications to be answered in the treatment of simple fractures of the middle and lower thirds of the thigh were *four*. First, to prevent the fractured ends from moving, when *passive* motion was given to the limb by an impetus applied either above or below the fracture; second, to prevent eversion, or inversion of the foot; third, to keep up extension in a line with the bone, with the limb in the bent position; and, fourth, to keep the limb of its proper form, as well as of its proper length.

Mr. Potts's plan did not, said Mr. A., answer any one of the indications which he had enumerated: the only advantage arising from it was, the relaxation of certain muscles, which was a part only of his (Mr. A.'s) third indication.

Mr. A. next remarked upon the operation of the fracture box, and stated that one indication only was answered by the employment of it—eversion or inversion of the foot could be prevented; but although it might maintain the lower end at rest, it allowed of motion of the upper portion; and although it kept the limb in the bent position, and prevented retraction of the lower portion, it had no beneficial influence upon the pelvic portion: the gravitation of the body brought the upper part of the back of the thigh against the upper end of the apparatus, which consequently assisted the *psoas magnus*, and *iliacus internus*, in bending the upper portions upon the pelvis; and if the apparatus happened not to be up close against the body, which was frequently the case, the transverse displacement was accompanied by an overlapping of the fractured ends. When this apparatus was used, any lateral motion given to the pelvis was productive of motion and displacement of the upper portion of the femur; and this was the case also when the patient raised the pelvis to answer the calls of nature. This, however, said Mr. A., was the *best* of the three plans of treatment; for by this contrivance we might fulfil *one* indication, and a part of another; whereas, when either of the other methods he had mentioned were resorted to, a single indication was not effectually answered.

The next plan of treatment adverted to by Mr. A. was that advised by M. Desault, or M. Boyer. By the use of the contrivances recommended by these gentlemen, the limb altogether was confined in the straight position, and extension might in any case be effectually kept up, and inversion and eversion of the foot prevented. Two indications might thus be answered in many cases; but whenever the limb was raised by an impetus given to it, either above or below the fracture, motion of the fractured ends occurred, from the simple effect of gravity. The direct influence of these contrivances upon the bone, and upon the limb, were injurious; for, instead of maintaining them

of a proper form, it drew them into unnatural positions; and when the fracture was near the upper or lower end of the bone, and loose, they could rarely be used with impunity. "Thus, then," said Mr. A., "we see that one only of the indications pointed out is properly answered by either of these contrivances. Extension might, in many cases, be kept up, but not with the limb in the bent position. The limb is not maintained of its proper form, nor is motion effectually guarded against." Mr. A. illustrated his observations by several large diagrams, and stated that we must expect to meet with deformity after fracture very frequently, as long as these contrivances continue to be employed.

Mr. A. then exhibited to the Society the apparatus which he had invented for simple fractures of the middle and lower thirds of the thigh, simple and compound fractures of the leg, and simple and compound dislocation of the ankle; and described it as far as it was necessary, in speaking of fractures of the thigh. He stated that the apparatus not only fulfilled all the indications he had noticed, in the most effectual manner, but added also greatly to the comforts of the patient during his confinement. When the apparatus was properly applied, the patient might be lifted into, and out of bed, in order to have it made, with impunity; and might have the limb moved from the heel to the side, or *vice versa*, at pleasure, without any danger of producing deformity or non-union of the bones.

WESTMINSTER MEDICAL SOCIETY.

March 1, 1828.

DR. JAMES SOMERVILLE IN THE CHAIR.

THIS evening the discussion on the proximate cause of fever was resumed; but nothing very conclusive or satisfactory ensued.

Dr. Copland, Dr. Thompson, and other gentlemen, argued that the *first* impressions were evidently made on the nervous system; and though they did not deny that the fluids might become vitiated, yet they maintained that they were so only *secondarily*.

Dr. Barry was the *coryphæus* on the other side of the question, and spoke with much force and humour.

At the close of the evening, Dr. Ley having attacked Dr. Copland's arguments, and the latter gentleman not having time for a reply, it was moved

and carried, that he should have that opportunity next evening, which is to be a *miscellaneous* one; so that probably the discussion on fever will occupy another night.

We have received the following from a Correspondent:

To the Editor of the Medical Gazette.

SIR,

I AVAIL myself of your pages to animadvert on a growing evil in the Economy of the Westminster Medical Society—I mean the frequency with which the Presidents of the evening enter into the debate. When this is done, *ex cathedra*, reply is, of course, from etiquette, in a great measure, if not altogether, precluded. When, to avoid this, the president descends from the chair, and delegates to his colleague, either for a time, or (as happened on a late occasion) for the *whloe evening*, the duties of his responsible office, he falls into the opposite error of disrespect to the Society. The gratification derived even from victory in debate, must, I think, be amply compensated by the honour of presiding over, and regulating the proceedings of a meeting so numerous and respectable. It would be uncandid not to add, that to one of the number those observations do not at all apply, and that in Mr. Arnott the Society have a president whose conduct in this respect has added largely to the esteem in which he is so generally and so deservedly held.

I should not have obtruded myself on your notice in a matter which is only of local interest, had not the rules of the Society and common delicacy equally forbid all mention of it within the walls of their room of assembly.

I am, Sir,

Your obedient humble servant,

W. M. S.

London, February 27, 1828.

NOTICES.

"A Friend to Fair Dealing" will find that we have not overlooked what he alludes to. We have not yet done with the last Number but one of the *Lancet*.

Other Correspondents in our next.

ERRATA.

In our last Number, p. 382, transpose the words "in the more acute cases" from line 36 to the beginning of line 39: the sentence will then run thus—"In the more acute cases, bleeding as well as leeches is required."

P. 377, after the word "recommending," insert "discretion to."

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[Vol. I.

OBSERVATIONS

ON

HÆMORRHAGE.

BY CHARLES BELL.

[Continued from page 365.]

IN my last Lecture I was desirous of pointing out to you the difference between a clean wound of an artery, and a wound attended with bruising or deadening, or violent laceration of its coats. If an artery be cut simply across by a knife, it will bleed freely, probably till the patient loses his life from hæmorrhage; but, on the other hand, if the injury has been of such a kind, that the coats of the artery are bruised or torn, then no blood will flow. By this injury of the texture of the vessel its life has been destroyed; or, at least, that influence which the living vessel, in a healthy state, possesses over the living blood, express it how we may, has been withdrawn. The blood no longer remains liquid, but the particles cohere among themselves, and are at the same time attached to the coats of the vessels, and a coagulum is formed, closing up its mouth. This, you must observe, is not owing merely to the stagnation of the blood. Mr. Hunter performed this experiment: he insulated the blood contained in a blood-vessel, by confining it within two ligatures; and he found that although its motion was stopped, yet this blood did not coagulate. It is only from such considerations that we are led to understand on what the coagulation and adhesion of the blood depends: for here the living vessel, continuing to influence the living blood, it is preserved liquid; but whenever that influence is

withdrawn, coagulation takes place. But we must pass to another head of our subject, the effect of a ligature on an artery. It operates in two ways: 1st. As affording a mechanical obstruction to the passage of the blood; and, secondly, as exciting the living vessel to inflammation. If the mechanical operation were the whole process, little comment would be necessary upon this subject: it would be as simple a thing as tying a common leather pipe or any dead tube, and the doctrines of physiology would be superfluous. But the first effect of the presence of a ligature is to cause a clot of blood to be formed in the artery—an effect similar to what we have been describing, and in no measure depending upon the inflammation: next it excites inflammation in the coats of the vessel, and occasions a deposition of coagulable lymph within them and around them; and it is upon this that the final change follows by which the orifice is securely closed. There is first the deposition of a clot, then inflammation, and finally, adhesion of the coats of the artery.

Let us now consider this subject practically:—and in the first place, let me draw your attention to the consequences of the loss of blood. There is a difference to be observed when hæmorrhage takes place from a small vessel, the blood flowing gradually, and when it occurs from a large artery being wounded, the blood flowing suddenly and profusely. It is inconceivable how great a quantity may be lost if it be drained by little and little, and, on the contrary, how powerful the effect is if a small quantity be suddenly withdrawn. The blood-vessels are reservoirs as well as conduits. The large

veins contain a supply of blood which can be poured into the heart, either in small or in large quantity, according as there is diminished or increased circulation. If time be given for these reservoirs to do their office, the blood is conveyed from the great sinuses towards the more active heart. The balance of the circulation is kept up, and the brain is supplied with blood. But if there be a sudden flow of blood from one of the main arteries, a large quantity is instantaneously lost: the tension is taken off from the great vessels; the heart is imperfectly supplied; the circulation of the brain is affected, and deliquium is the consequence. If the blood be permitted to flow in one or two gushes from the femoral artery during amputation, the effects of the sudden loss will be immediate. Suppose that the patient was at first resolute, holding by the assistant, and grasping him firmly with his hands—when two or three jets have sprung from the main artery, a change in his appearance is instantaneously observed: he becomes faint—he relaxes his hold—and no longer clings to the arm of the assistant; he perhaps utters a groan, and then falls back. When a patient faints from loss of blood, it is natural for you to raise him up and support him: but in doing this you forget that the deliquium is a symptom of the brain, not of the heart feeling the want of blood. You are to lay him, therefore, in the horizontal posture, with his head low—if you elevate him you raise the column of blood which is contained in the large veins leading from the head towards the heart, and thus the blood is more easily withdrawn from the brain, and with more difficulty carried to it.

What are the symptoms of hæmorrhage? This is a question of great practical importance: it is not always possible by measurement of the quantity to estimate how much blood the patient has lost; how then are we to recognize the danger? When the blood has soaked through the folds of the bed-clothes, or has been lost in the sand basin under the operation table, we cannot judge with exactness of the quantity which was lost—or the hæmorrhage may be into the cavities, or the patient may be a woman in whom the blood is flowing into the relaxed uterus; or it may be poured into the cavity of an abscess, as may happen when an artery

or vein of considerable size has been opened by the abscess lancet. In all these cases it may be impossible to tell how much blood the patient has lost; and it is important, therefore, to mark the effects of the loss of blood. The patient's countenance becomes ashy pale, with lividity about the lips, and he has an anxious delirious wildness in his look: he is weak, and appears ready to faint; being conscious of losing the command over his senses, he becomes alarmed; his vision is indistinct, and there is a cloud before his eyes. The pulse becomes weak and quick, and is easily compressible: there is sometimes grinding of the teeth. He throws his arms anxiously about him, gasping from that sensation which proceeds from deficient circulation, as well as from impeded respiration.

Let us now attend to the means of arresting hæmorrhage, and of these, styptics first demand our attention. What is the principle on which styptics are employed? Their action is to produce that influence upon the coats of the vessel which is followed by coagulation, upon the principle which has been explained. Styptics are, however, seldom used in practice now: they are principally to be found in the books of the old surgeons. Yet they are useful on some occasions, as when there is obstinate bleeding from a spongy or sloughing surface. Then turpentine or alum, the tincture of myrrh, or tincture of muriate of iron, being applied upon lint, may, with the aid of pressure, stop the oozing of blood. The old vitriol button, so often met with in old books of surgery, was nothing more than the sulphate of copper, pounded and wrapped up in lint, that it might be applied upon a bleeding vessel. The misfortune attending these applications was that sloughing was apt to occur, and consequently there was frequent recurrence of the hæmorrhage.

The actual cautery, the red-hot iron, is an instrument for suppressing hæmorrhage which is now more frequently to be seen engraved in the old books upon surgery, than employed in our operations. Still there are occasions when it must be had recourse to. For example, in extirpating tumors from the gums, or the mouth or face, there may be a necessity of searing the surface with the red-hot iron to stop the bleeding.

Sometimes we dare not use the actual cautery, nor yet can we employ styptics nor compression. The bleeding may proceed from a callous ulcerated surface, and this may happen at a time when the patient is reduced so low that he cannot afford to lose much blood. This frequently is the case when the glans penis is ulcerated, and the patient is under a course of mercury. Perhaps we may check the hæmorrhage by pouring cold water upon the part, making it fall in a stream from a height, out of the spout of a common kettle. If this be not successful, then we may take a small needle, and having marked the spot from which the bleeding proceeds, the needle is to be passed under the part; and a thread is then to be twisted around it, just as farriers do after bleeding in the neck. After some hours the needle may be withdrawn, and the ligature, encrusted with blood, will afterwards drop off of itself.

There may be some difficulty occasionally experienced in restraining hæmorrhage from the nostrils. There is a method of overcoming this, which I may mention. Pass a catheter wire through the nostrils, and bring it out by the mouth; then fasten a compress of any kind, as of sponge, to its extremity. The compress is to be drawn into the posterior nostrils, and the ala of the nose is to be closed; or the same thing may be attained after another plan. A piece of fine gut may be introduced into the nostril; pressure may be produced by injecting this with air; or, if it be necessary, some cold freezing mixture may be thrown into it. The advantage of this plan is, that the piece of gut can be so readily drawn out again from the nostril, and the cavities are not filled with coagulum.

A great deal has been both said and written about how the intercostal artery, when it is wounded, is to be compressed. In the *Memoirs of the Royal Academy of Paris*, you will find papers upon this subject by its most eminent members, and instruments contrived by them for stopping this kind of hæmorrhage. These prove, at least, how great importance was attached to this subject. But we require no complicated instruments, but only to attend to the mode of dressing. Apply your handkerchief, or a piece of linen, flat upon the wound; then, with a probe, push the central part within the cavity of the tho-

rax; stuff into the bag which you have thus formed some pieces of lint, or of cotton; and when it is sufficiently filled, withdraw the whole again, as if you wished to pull it altogether out from the wound. You will find resistance when attempting to do this, the mass of contents being too large to come out at once; but compression upon the artery is in this way produced, and the bleeding into the cavity of the chest is stopped. When you wish to withdraw the compression, you open the cloth and pick out the cotton. There are other occasions in which this method may be used, which is the reason why I mention it.

We now come to speak of the tourniquet; and first of all, of the dangers which may arise from the improper use of it. Let me caution you never to trust the patient, and leave him with the instrument on. I have known a surgeon apply the tourniquet on account of a wound of the great artery of the thigh, and then leave his patient, in order to attend some other who was dangerously wounded;—the pain which the poor man suffered was so excruciating that he loosened the buckle of the tourniquet, and he soon expired from hæmorrhage. It is easy to conceive the extreme pain which a bandage, drawn so tightly round the thigh, must occasion. The tourniquet can only be considered as a temporary guard.

If, in your anxiety to apply this instrument effectually, you screw it very firmly, it may happen that the artery will be so compressed that its coats will be bruised, and rupture be produced. An example of that occurred in this hospital. In a case of popliteal aneurism, the femoral artery was tied, but ulceration took place around the ligature, and secondary hæmorrhage was the consequence. The house surgeon applied the tourniquet to restrain the bleeding; and this, in the diseased state of the arteries, caused a rupture of the coats. The case then became very obscure. But I mention it because it teaches you how crisp and friable the coats of the arteries are in some conditions, and that you ought carefully to guard the vessel, by interposing a soft compress betwixt it and the pad of the tourniquet. You must consider that it is a powerful mechanical agent which you have at your command, while using the tourniquet. Looking to the depth to which the ribbon sinks in the

flesh of the thigh, will convince you of this. You may perceive that, even should the artery itself suffer no injury, the texture of the limb is in danger of being hurt, if the compression be excessive and long continued.

In applying the tourniquet for amputation, you have it in your power to do this so that the patient may save blood from the operation; or he may lose more than is proper. It is needless to apply the tourniquet, or to allow your assistant to do so, before you are quite ready to commence your operation. If the compress and bandage be put around the limb, without the tourniquet itself being screwed, then the effect is to compress the veins, without stopping the influx of the blood by the artery; consequently, the whole limb becomes gorged with blood; and when you make your incisions, the loaded and distended veins are divided, and the loss of blood is nearly double what it otherwise might have been. Suppose, again, you have a poor weakly patient, who requires to have his limb amputated: there is a question, however, among the consultants, as to whether he is capable of sustaining the loss of blood consequent upon the operation. You may say, "if these be your objections, I will endeavour to obviate them. I will try whether I cannot save blood to this patient, instead of his losing it." Before commencing, you are to take a roller, and, beginning at the toes, bind the whole limb very firmly up to where you intend to divide the integuments: thus you will compress the vessels, and drive the blood which is in the limb into the great vessels within the trunk. And now, having applied the tourniquet, and proceeding with your operation, the patient may have gained more blood by the operation than he lost before the tying of the vessels.

In a case of sudden wound of an artery, you are to be prepared to form, in the instant, something which may serve as a tourniquet. Do not imagine that there is any thing in the tourniquet which you cannot supply in an instant, by very little ingenuity. You will find, in my brother's works, a provoking instance of a man's life being lost by an ignorant surgeon conceiving that the only effectual way of stopping blood was the application of a tourniquet. My brother found, upon going to this poor man, that the floor was flooded

and slippery with blood, and a crowd of people were all endeavouring, with handkerchiefs, to stop the blood which flowed from a small wound in the man's thigh. He found that the point of his finger in the wound compressed the artery, and plugged up the opening;—but it was too late—the man was breathing his last. He learned that the surgeon first called to this patient, seeing his condition, had run home for his tourniquet!! A firm knot cast upon your handkerchief, and put round the thigh, so that the knot is opposed to the artery, with the handle of a bayonet, or a bit of stick, or any thing introduced so as to twist and tighten it, will save the life as effectually as the tourniquet. A saddle-girth, with a circular portion of the side leather, and a bit of stick, will make a better tourniquet than is to be found in the shops.

There are many occasions, however, when you ought rather to compress the wound than use the tourniquet. If you keep the tourniquet long around a limb, gangrene must be the consequence. No one has, at least, informed us how long the vessels may be compressed before the life of the limb will be lost. But I am now speaking of compressing a bleeding wound—and here it is very important for you to consider the possibility of your preventing the blood flowing out, without stopping the bleeding vessel, by which all the interior of the limb is injected with blood. You know very well how the thrombus is formed after bleeding, by the imperfect compression of the vein: the blood passes beneath the skin, producing frightful discoloration of it. Conceive, then, the more forcible artery in the same condition, the wound of the skin being closed, but the wound of the artery open. The whole limb becomes swollen and tense, the cellular membrane between the muscles becomes turgid with coagulated blood, and if you have to make incisions, you cannot discover the natural appearance of the parts. The difficulties of the surgeon in securing the bleeding vessel, it may readily be conceived, after this has occurred, are multiplied incalculably.

To employ compression with effect, the same principle must guide us as in applying a ligature around an artery: there must be, in the first place, a mechanical obstruction to the blood; and there must also be, in the second place,

an excitement produced in the living coats; the compress must be in direct contact with the mouth of the artery, to insure the permanent closure of it. In laying down your compress, if a portion of muscle or fascia, or cellular membrane, be allowed to intervene between it and the wounded artery; or if, by its contractility, the artery has shrunk so as to be out of reach of the compress, there can only be a mechanical stoppage of the vessel. The stimulus of a foreign body being applied to the artery is wanting; and those processes of inflammation which were described as being necessary for the complete closing and adhesion of the orifice do not take place. Be careful, therefore, that when you apply a compress, you place it so as to be in contact with the coats of the bleeding artery. You are to prepare a *graduated* compress; you first put into the depth of the wound a small piece of sponge, to which a ligature has been previously fastened, to facilitate its removal afterwards, and be attentive in placing it directly upon the bleeding vessel: a small compress is next to be laid upon the sponge, and another broader than the first on it, and so each successive compress is to be larger and broader, until, by piling one upon another, you have a compress formed of a conical shape, the apex of which rests on the bleeding vessel, and the base, being larger and broader, can sustain equally the compression of the bandages.

In dressing the wound, the separate portions of the compress are to be removed in succession. When it is considered safe to remove the piece of sponge from the bottom of the wound, do not tug at it, nor attempt to pull it away at once; but introduce the dressing forceps, squeeze out the coagulum of blood and the matter which may have been imbibed, and, thus diminished in its size, it will come away easily. If, without this precaution, you pull it away, you will break up the adhesions formed at the bottom of the wound, which it is important not to disturb.

In employing compression, you will have to exercise your ingenuity, in order to vary the mode of applying the compress. I had a patient who had wounded the anterior tibial artery near the ankle, and there was danger of gangrene of the integuments of the foot from compression. Instead of follow-

ing the usual plan, I had a splint laid across the sole of the foot, and another in a line with it across the dorsum of the foot: this last one was laid upon the situation of the artery. The two ends of these splints were tied together, first on one side of the foot, and then on the other, and the cords twisted; and thus the compression upon a point was made effectual, without impeding the circulation in the foot. This simple contrivance may be applied to other parts, as, for example, to wounds of the wrist. The mode of its application is somewhat similar to that of the iron hoop or ring which was used by the older surgeons before the discovery of the tourniquet.

But I am running into a general dissertation upon hæmorrhage, which was not my intention. Let me, however, make one remark in conclusion. The radial artery has been tied more than once within a short time by the house surgeon; but having been done according to rule, there is no scene, no bustle to draw your attention. You do not discover, therefore, the advantage of the rule of practice unless you consider it, as it were, historically, by reading those cases in which repeated operations have been necessary, owing to the bursting out of the blood after each operation. And all can be explained from this reason, that the artery was not seen, not separately and neatly taken up, but a plunge was made with the needle, and the surrounding fat or fascia was included in the ligature*.

M. FERRUS'S TREATMENT OF INSANITY.

It has been often said that no physician has more followed the precept of Hippocrates, "to permit philosophy to take part in the study of medicine," than Pinel; and of his works, none have so strong a title to the term *philosophic*, as his Treatise on Insanity. Pinel threw around this dreadful class of dis-

* Mr. Bell, in his course of Clinical Lectures, delivers two Lectures in the week; and as we report them only once a fortnight, we have fallen behind. Therefore, after having completed this subject, we mean in future to give his observations on the cases which have been more recently the subjects of his Lectures, instead of attempting to follow him through his course.

eases the light of reason; he traced the symptoms in a profound manner, distinguished the various shades of the disease with nicety, and overthrew all the ancient superstitions which associated these maladies with the powers of the demon, or the consequences of fatality. It is by pursuing the steps of this great master, that M. M. Esquirol and Ferrus direct the treatment of mental diseases. This malady, consequent upon organic lesion, is submitted to the general laws of Therapeutics. Whether, according to M. Esquirol, and some of the disciples of Pinel, the brain is not the organ always primarily affected; or whether, on the contrary, according to Gall, Georget, and Spurzheim, it is invariably the first and only seat of the disease; this important organ is now, at all events, the especial object of the physician's attention.

In all the establishments devoted to the cure of the insane, and particularly at Bicêtre, madness is, without doubt, considered as an affection of the brain, whether it be idiopathic, or the result of a distant morbid influence;—but what is the nature of this affection?—what organic state of the parts constitutes it?—There are two modes of considering this point. According to some, madness is an inflammatory disease; whilst others think that it is a nervous malady—that is to say, an aberration from the healthy function of the organs of the encephalon, without any appreciable physical modification in those organs. To which ever of these opinions M. Ferrus leans, his practice would lead to the belief that he is guided sometimes by one view and sometimes by the other; and since his practice is attended with numerous instances of success, it may not be unfair to conclude that these opinions, relative to insanity, are not incompatible with each other. In the first accession of mania in young and vigorous subjects, and especially when the complaint appears to be deducible from some external cause; when the phenomena of reaction are fully developed; when the congestion in the brain appears to be decided, or intense; M. Ferrus practices, and always with advantage, a large bleeding either from the arm or neck. The effect is, as it were, instantaneous; the delirium diminishes immediately. The bleeding may be repeated even three or four times during the same attack. Soli-

tude, strict diet, diluents, and warm baths, complete this plan of treatment. Thus it appears that this species of mania is treated like acute and intense inflammations of the thoracic or abdominal viscera.

Those who think that insanity is the consequence of a latent chronic inflammation of the brain, or its membranes, will see, in the practice followed at Bicêtre, facts which may tend to support their opinion. With those maniacs who are moderately calm, whose constitutions announce but little energy, and yet in whom the local pain and the heat of the head are intense, M. Ferrus applies leeches to the temples, or cupping glass to the sutures, or the actual cautery to the nape of the neck. Purgatives, pediluvia with mustard, also assist the action of the local bleedings in such cases. This treatment must be continued with perseverance; but it must be admitted that this is not the plan which, at Bicêtre, is found to afford the greatest sum of success. It is only applicable to those in whom the disease has lasted a considerable time; and among these are numbers in whom the complaint is innate and hereditary. Thus it becomes necessary to change the temperament of the individual; and medicine, it must be confessed, has but little power in that respect.

As we have before hinted, there are many cases wherein M. Ferrus departs from the antiphlogistic plan. We have often seen antispasmodics, and even narcotics, prescribed at Bicêtre; such as camphor, in small doses, ether, the foetid gums, the extracts of hyoscyamus, stramonium, belladonna, &c. It is particularly in monomania that these measures are had recourse to; and especially in those cases of monomania in which the hallucination affects some of the sensorial powers. The subjects of this form of mania are generally of a weakly constitution, with effeminate features and pale skin, the brain being well developed; in short, they present the phenomena assigned to the nervous temperament; and it may be remarked, that the frequency of insanity in persons of this organization, has not a little contributed to establish the opinion that this disease is only an exaggeration or perversion of the action of the brain, purely functional.

The practice of Bicêtre, in fine, may teach us that in insanity, (as in many

other diseases, the nature of which, either inflammatory or nervous, is said to be much better known,) the antiphlogistic and antispasmodic methods of treatment have numerous points of coincidence; and that, consequently, the success of a plan of treatment, of one kind or other, does not permit us to presume upon the absolute nature of this singular disease. If the advantages derived from medical treatment appear to lead to this result, there would be still, in the relation of cases of mania, a considerable number which could not be so classed. Such are those in which moral treatment alone has been employed. Affectionate remonstrances, solitude, labour demanding little intellectual exertion, and in a different direction to the tendency of the disease, are therapeutic means which bear little analogy either to bleedings, opiates, &c. However, solitude for a diseased brain may be compared to rigid diet in the phlegmasiæ, or to repose in diseased joints, &c. &c. The same may be said respecting the admission of certain ideas, or a selection of moral impressions. In a disease of the digestive organs, you select some particular articles of food, observes M. Ferrus; well, in the same manner, in insanity we permit only certain sensations to reach the brain, by directing the attention of the patient towards sentiments, or towards intellectual operations, opposed to those which are diseased. It is, therefore, of much less consequence, continues this gentleman, to know the nature of madness, than to understand what modifications of the animal or intellectual faculties constitute it.

EFFECT OF OBLITERATING THE JUGULAR VEIN.

To the Editor of the Medical Gazette.

Edinburgh, Feb. 12th, 1828.

SIR,

IN a late number of the Gazette you have described the *post mortem* appearances in an extremely interesting case of a person in whom the common carotid artery had been tied and obliterated. But it was discovered by dissection, that the internal jugular vein had undergone a similar change; and you observe further, that this obliteration of the internal jugular vein had been in

in some measure predicted by Mr. Mayo; the prediction being founded on the spontaneous bursting of the eye of the corresponding side, subsequent (*and perhaps consequent*) to the operation.

Now this fact is quite novel to me, and I may venture to affirm also, to many other professional men: I mean the destruction of the eye as supposed to be the necessary result of an obliteration happening to the internal jugular vein. The experiment made by Petit, if I mistake not, and which consisted in cutting across the *par vagum* and accompanying branch of the sympathetic nerves in the neck, has been described as generally producing a destruction of the eye of the corresponding side; it is possible that Mr. Mayo may allude to this experiment. At all events you will oblige me greatly by giving a place to this note in your Journal, by which means we may, perchance, elicit from Mr. Mayo the observations on which he ventured, in the case alluded to, to form so singular a conclusion.

I am, Sir,

Your very obedient servant,

R.

We have also received the following communication from a correspondent upon the same subject, pointing out some observations by Mayer in Gräfe and Walther's Journal:—

The circumstances which followed the operation of tying the carotid artery, in a man of the name of Nowlan, which was performed by Mr. Wardrop, must still be fresh in the memory of your readers. Much discrepancy of opinion existed as to the cause of the destruction of the eye which succeeded the obliteration of the carotid artery. The observations of Mayer bear immediately upon the point in question. It has been shewn*, that, after the division of the fifth pair of nerves, opacity of the sclerotic coat, and inflammation and suppuration of the cornea and iris occur. A false membrane is formed which covers the iris, and at length ulceration ensues in the whole of the ball of the eye. In these experiments the carotid artery was wounded, and when the nerve alone was divided, the subsequent effect upon the eye was much less severe.

* By Magendie, *vide* Journ. de Physiologie, t. iv. p. 176.

It would appear then that the interruption to the supply of blood to the eye, when the carotid is tied or otherwise injured, is the principal cause of the injuries resulting to that important organ. The observations of Magendie bring to the recollection of Mayer the results of some experiments which he has himself made. The following conclusions are deduced from his experience, united to that of other experimental physiologists:

1. Injury of the sympathetic nerve in the neck sometimes is followed by destruction of the eye of the same side. In other cases, however, no such mischief has been produced.

2. If the par vagum and sympathetic were both injured, the effects upon the eye were more rapid and more destructive.

3. If one carotid was tied, *without injury to the adjacent veins*, the eye was but seldom affected.

4. If both carotids were secured by ligature, the eye was always affected, and sometimes entirely disorganised.

5. If the par vagum or sympathetic were injured, together with the carotid artery, the pupil of the eye was always closed by an effusion of lymph. Suppuration of the cornea followed, and an artificial staphyloma was produced. The practical utility of these experiments must be obvious. In any operation upon the carotid artery, which is now so frequently secured by ligature, the greatest care should be taken not to inflict any injury upon the neighbouring nerves.

BYE LAWS OF THE COLLEGE OF PHYSICIANS.

Quæ ad Permissos pertinent, è Statutis Collegii Regalis Medicorum excerpta.

DE PERMISSIS.

1. STATUIMUS et ordinamus ut nemo in Permissorum numerum eligendus proponatur, qui non annum ætatis suæ vicesimum sextum se clausisse Præsidentem et Censores, in Comitii Minoribus*, certiores fecerit, et qui non gradum Doctoris in Medicinâ suscepit, et, antequam illum gradum suscepit, per duos annos integros in aliquâ Aca-

* Comitia Minora dicuntur, quæ habentur à Præsidente et Censoribus, cum aliàs, quoties ipsis visum fuerit, tum primo die Veneris, singulis mensibus, quo die Examinationes institui solent in ædibus Collegii. Comitia Majora a sociis universis celebrantur.

demiâ animo medicinæ studendi commoratus fuerit, et commorationis istius literas testimoniales in illâ Academiâ usitatas Comitii Minoribus exhibuerit.

2. Nemo in Permissorum numerum admittatur qui medicamentum quodvis arcanum (*nostrum* vulgò dictum) in morbis curandis usurpare solitus fuerit; nisi ante examinationem primam id medicamentum, ac ejusdem adhibendi modum, Præsidenti aut Propræsidenti et Censoribus plane exposuerit.

3. Antequàm quispiam in Permissorum numerum admittatur, si fortè Chirurgorum aut Pharmacopolarum sodalitus olim donatus fuerit, sodalitiis istius privilegiis omnibus renunciât, nec non emancipationis suæ literas firmâ auctoritate comprobatas Registrario proferat.

4. Nemo in Permissorum numerum admittatur qui non prius examinatus et approbatus fuerit, in tribus Comitii Minoribus, secundum hanc formam:—

Unusquisque eorum qui in numerum Permissorum admitti petat, examine-

In Primis Comitii, in parte Medicinæ Physiologicâ.

In Secundis, in parte Pathologicâ.

In Tertiis, in parte Therapeuticâ.

Præterea, in singulis Examinationibus, locum è Celso, vel è Sydenhami operibus, Anglice reddat. Singulæ Examinationes prædictæ Latinè fiant.

5. Qui ad hanc formam in Comitii Minoribus examinatus et in singulis examinationibus approbatus fuerit, in Comitii Majoribus proximè insequentibus proponatur in Permissorum numerum admittendus, et si major pars Sociorum præsentium consenserit, quamprimum admittatur.

6. Si vero quispiam in unâ quâvis Examinationum prædictarum, minus peritus, nec ad Medicinæ facultatem in urbe Londino et intra septem milliaria in circuitu ejusdem exercendam idoneus existimatus fuerit, non nisi præterito integro anno ad Examinationem iterum admittatur.

7. Antequàm quispiam in numerum Permissorum admittatur, det fidem infra-scriptam Præsidenti aut Propræsidenti, coram Sociis in Majoribus Comitii:—

“ Dabis fidem te observaturum
“ statuta Collegii, aut mulctas
“ tibi contra facienti irrogandas
“ promptè persoluturum, omniaque in Medicinâ faciendâ

“ pro viribus facturum in hono-
 “ rem Collegii et Reipublicæ
 “ utilitatem.”

8. Admittendus flexis genibus*,
 (*eodem modo quo Socii,*) manus invicem
 applicatas humiliter tradat in manus
 Præsidentis vel Propræsidentis, qui
 dicat :—

“ Ego A. B. Præsident, vel Pro-
 “ præsident, hujus Collegii ad-
 “ mitto te ad Medicinæ faculta-
 “ tem in urbe Londino et per
 “ septem milliaria in circuitu
 “ ejusdem exercendam quamdiu
 “ te bene gesseris, precorque
 “ tibi omnia fausta.”

9. Si quis vero in urbe Londino, aut
 per septem milliaria in circuitu ejus-
 dem, Medicinæ facultatem exercuerit,
 qui ad hoc per Præsidentis et Collegii
 literas sigillo nostro communi sigillatas
 non sit admissus; auctoritate Præsiden-
 tis et Censorum, si modo ipsis aut
 eorum majori parti ita visum fuerit,
 admoneatur per schedulam in manus
 traditam, vel in domo ejus relictam, ut
 medicinam exercere desinat, donec ex-
 aminatus et approbatus fuerit, literis
 ad hoc datis sigillo Collegii munitis.

Qui monitum hoc neglexerit, legibus
 regni obnoxius erit.

DE ELECTIONE EXTRAORDINARIA IN PERMISSOS ET IN SOCIOS.

1. Quandoquidem fieri potest, ut viri
 sint quidam egregii et in studiis medicis
 satis versati, qui non duos annos inte-
 gros ante susceptum gradum Doctoris
 Medicinæ in aliquâ Academiâ commo-
 rati fuerint, ideoque per statutum nos-
 trum de Permissis in numerum Permis-
 sorum admitti vetentur, statuimus et
 ordinamus ut non obstante statuto de
 Permissis, liceat Præsidenti pro suo
 arbitrio quotannis unum Medicinæ
 Doctorem, utpote ob morum integritate
 et artis medicæ peritiâ, in nume-
 rum Permissorum approbandum Cen-
 soribus proponere. Et si, Examina-
 tionibus tribus ordinariis pro Permissis
 institutis debite peractis, approbatus
 fuerit, liceat Præsidenti illum in nume-
 rum Permissorum eligendum Collegio
 proponere, et si major pars Sociorum
 præsentium consenserit, in numerum
 Permissorum quamprimum admittatur.

2. Liceat etiam Præsidenti quotannis
 unum pro suo arbitrio è Permissis, qui

decennium compleverit à tempore ad-
 missionis, utpote morum integritate,
 doctrinâ, et artis medicæ peritiâ in-
 signem, in Socium proponere; et si
 major pars Sociorum præsentium con-
 senserit, in Societatem nostram quam-
 primum admittatur.

3. Liceat porro cuilibet Sociorum in
 Comitibus Majoribus ordinariis, postridie
 divi Michaelis habendis, aliquem qui
 annos septem integros in numero Per-
 missorum fuerit, annumque ætatis suæ
 tricesimum sextum clausurit, examinan-
 dum proponere, et si, Examinationibus
 ordinariis pro Candidatis institutis in
 tribus Comitibus Majoribus ordinariis de-
 bite peractis, approbatus fuerit, et ma-
 jor pars Sociorum præsentium consen-
 serit, in Societatem nostram quampri-
 mum commodè fieri potest, admittatur.

DE CONVERSATIONE MORALI ET STA- TUTIS PÆNALIBUS.

1. Nullus sive Socius, sive Candida-
 tus, sive Permissus fuerit, Socium aut
 Candidatum aut Permissum ignorantie
 in arte suâ vel maleficii nomine, nisi
 coram iudicibus legitimis accuset, aut
 coram quibusvis afficiat contumeliis.
 Si quem contrâ fecisse Præsidenti et
 Censoribus aut eorum majori parti in-
 notuerit, primâ vice solvat quatuor li-
 bras, secundâ vice duplicetur mulcta;
 quod si tertio quis similiter deliquerit,
 et modo prædicto convictus fuerit, si
 quidem Socius aut Candidatus fuerit,
 expellatur è Societate nostrâ, vel è
 Candidatorum ordine; sin idem sit è
 Permissorum numero, solvat decem li-
 bras. Quam quidem decem librarum
 mulctam quotiescunque idem Permissus
 ejusdem delicti modo prædicto denuò
 convictus fuerit, ipsi irrogandam sta-
 tuimus.

2. Nullus Socius, Candidatus, vel
 Permissus salutatione officiosâ, vel ani-
 mi benevoli obtentu, opem medicam
 ultrò offerat, nedum subministret ægro
 cuilibet, quem Medici cujusvis, sive
 Socii, sive Candidati, sive Permissi,
 curæ commissum esse cognoverit, et ad
 quem non accersitus fuerit.

3. Si quis autem malitiæ hujusmodi
 convictus fuerit, præter ignominie
 notam quam isti (quantum in nobis est)
 inuri volumus, quadraginta solidos
 mulctetur à Presidente et Censoribus.

4. Si quis paciscatur cum Pharmaco-
 polis de aliquâ pretii parte ex medica-
 mentis præscribendis percipiendâ, si
 sit Socius aut Candidatus, et hujusce

* Si quis religionis causâ genua flectere nolit,
 hoc prætermitti potest.

delicti à Præsidente et majore parte Sociorum in Comitiiis Majoribus sive ordinariis, sive extraordinariis præsentium convictus fuerit, è Societate nostrâ, vel è Candidatorum ordine, expellatur.

5. Sin Permissus delicti hujusce à Præsidente et Censoribus, aut eorum majore parte, convictus fuerit, decem libras quotiescunque id admiserit, mulctetur.

6. Medicus quisque, sive Socius, sive Candidatus, sive Permissus fuerit, singulis suis schedulis, in quibus ægri curatio præscribitur, diem præscriptionis, ægri nomen, et sui denique nominis literas initiales adscribat; nisi causa intersit à Præsidente et Censoribus approbanda.

7. Si plures Medici curationis gratiâ convenerint, consultandum est summâ modestiâ, et non nisi semotis arbitris à re alienis. Nec quisquam præscribat, imò ne innuat quidem, quid agendum sit, coram ægro, aut adstantibus, priusquam junctis consiliis inter ipsos Medicos curandi methodus fuerit constituta. Sin autem Medici in diversas iverint sententias, ita ut in eandem medendi methodum consentire nequeant, summâ tamen prudentiâ et moderatione se gerant; eorumque dissensionem ita, ut tam ægro quàm amicis ejus quàm minimum molestiæ pariat, ordinarius medicus ægro aut adstantibus significet.

8. Qui leges has consultandi non observaverit, et à Præsidente et Censoribus aut eorum majore parte convictus fuerit, quinque libras mulctetur.

9. Nullus denique Medicus, sive Socius, sive Candidatus, sive Permissus, consilium ineat de rebus Medico propriis, in civitate Londino et intra septem milliaria in circuitu ejusdem nisi cum aliquo è Sociorum vel Candidatorum vel Permissorum numero, sub poenâ quinque librarum quotiescunque hujusce delicti à Præsidente et Censoribus, aut eorum majore parte convictus fuerit.

10. Omnes mulctæ quæ per statuta nostra irrogatæ fuerint illicò solvantur.

DE PERMISSIS EXTRA URBEM.

1. Nemo ad Medicinam extra urbem Londinum et septem milliaria in circuitu ejusdem exercendam admittatur, qui non annum ætatis suæ vicesimum sextum clausit, et non in aliquâ Academiâ, aut in aliquo Nosocomio Londinensi per annum integrum, aut

in Nosocomio Provinciali per biennium, animo Medicinæ studendi commoratus fuerit, et præterea Prælectiones Anatomicas et Medicas audierit; de quibus omnibus Præsidentem, vel Propræsidentem, fecerit certiozem.

2. Antequàm quispiam in numerum Permissorum extra urbem admittatur, si fortè Chirurgorum aut Pharmacopolarum sodalitiis olim donatus fuerit, sodalitiis istius privilegiis omnibus renunciet.

3. Nemo in numerum Permissorum extra urbem admittatur qui non prius a Præsidente et tribus Electis examinatus et approbatus fuerit, quemadmodum legibus regni cautum est.

4. Examinatio Latine fiat.

Imprimatur hic libellus, cui titulus
“ *Quæ ad Permissos pertinent,* ” &c.

Datum ex Ædibus Collegii in Comitiiis Majoribus, Februarii Mensis 20^{mo}, 1828.

HENRICUS HALFORD, Præses.

THOMAS TURNER,

JACOBUS TATTERSALL,

FRANCISCUS HAWKINS,

JOHANNES CARR BADELEY,

Censores.

DR. FORBES AND MR. GUTHRIE.

To the Editors of the London Medical Gazette.

GENTLEMEN,

You have more than once raised your warning voice against that infamous system which prostitutes truth, and all the good feelings which have hitherto actuated the members of an honourable profession, to the vilest purposes. When, in consequence of the excitement caused by the basest press that ever disgraced literature, the hand of man was lifted against man, you foretold that the mischief would not be quelled but by blood. One duel has already been the consequence, and all men who think and feel aright had hoped that the unfortunate differences connected with it had been removed or forgotten.

In the *Lancet*, however, of last week, the 8th March, there is a long series of letters relating to this very circumstance, which appears to have been copied from a statement drawn up by Dr. Forbes.

It is not my intention to enter into the merits of these documents; my sole object being to ask this simple question.

How came this correspondence to be published in any periodical whatever, much more in such a one as the *Lancet*? If it was thought necessary to give them publicity, why were not the original papers circulated among the profession? Surely Dr. Forbes's friends cannot imagine that the statement can carry greater conviction for being put into a publication which has notoriously been the enemy of Mr. Guthrie *!

I have too much reliance on the good sense and good feeling which the profession attribute to Dr. Forbes, to believe for an instant that he would condescend to use such a channel to convey the thoughts and feelings of a gentleman to gentlemen; and, in spite of its appearance there, I, for one, am convinced that Dr. Forbes could never have thrust his claim to the public attention into that "refuge for the destitute." If Dr. Forbes himself did not do it, what kind friend of his has made him the cat's-paw on this unhappy occasion? who is there so actuated by envy, and all uncharitableness, as to desire to step into notoriety by wading through the blood of those between him and his object?

If there be such a vagabond in existence, who, to gratify his petty spleen, scruples not to rake up the very embers of decayed passion, and re-kindle them, in heaven's name, sir, let the miscreant be dragged from his lurking place into open day, and exposed to the scorn of mankind. It is your duty, as a journalist, to prevent, if possible, the consequences of this statement of private feeling, and where you cannot prevent, to point out the head on which the punishment ought to fall.

Dr. Forbes and Mr. Guthrie will easily perceive that he who caused the statement to be published in the *Lancet* is but using them as tools to work out his own malicious ends.

The misunderstanding between Messrs. Guthrie and Forbes was finally settled by the late duel between the latter and Mr. Thomson. Dr. Forbes vindicated his character manfully, and there was, certainly, no lack of courage in his antagonist. Moreover, Mr. Guthrie made every concession he thought right, and referred to "a friend" for any other mode of satisfaction Dr.

Forbes chose *. This is as it should be: now, at a time when the affair had died away, some mischief-maker rakes up the whole story, and puts it as a weapon of offence into the hands of a known enemy of one of the parties. It is to be hoped, for the sake of the respectability of the profession, that Mr. Guthrie will not involve himself in any paper war to furnish matter for the pages of the *Lancet*. Should he, however, think he has sustained an injury, let him remember that the hand which strikes the blow is often but that of a hireling, and that he is the real assassin who skulks behind.

VINDEK.

[If VINDEK knows how the letters came to be published in the *Lancet*, why does he not say so?—We really know nothing whatever about the matter.]

ANALYSES & NOTICES OF BOOKS.

"L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'ALEMBERT.

Researches into the Causes, Nature, and Treatment of the more prevalent Diseases of India, and of Warm Climates generally; with numerous coloured Engravings. By JAMES ANNESLEY, Esq. late Surgeon to the Madras General Hospital, &c. &c. Vol. I. imperial 4to. pp. 687. Price Seven Guineas.

(Continued from page 382.)

WE are next presented with some useful observations on the precautions necessary for an European visiting a warmer climate; and again, on those necessary on his return to a colder country after a long residence in India.

The former consist in attention to clothing; avoiding exposure to the sun, or to the dews; taking gentle exercise; eating and drinking moderately, and of the lightest and least stimulating articles; and avoiding all native fruits, unless perfectly ripe. If the stomach appears to become weaker, brandy biters, and such heating appetite provokers, are not to be had recourse to, but the quantity of food is rather to be abridged. All this must be practised as well on the passage as after arriving at the place of destination.

Many who return to this country

* Vide the Title.

* Vide "Statement."

from India become affected with disease of the stomach, liver, and bowels, who have had good health previously. To avoid all this, and to preserve invalids from fresh attacks, the greatest attention must be paid to warm clothing, plenty of exercise, a nourishing, but not a stimulating diet, and attention to the bowels. The latter point is of great importance, because the copious perspiration, incident to a hot climate, is now checked, and some other excretion must be substituted till the patient can gradually do without.

The author recommends blue pill and aloes; senna and gentian; the Cheltenham salts, or the natural waters, as regular medicines; and *every now and then fifteen or twenty grains of calomel at night*, followed by a black draught in the morning, to clear off all morbid accumulations, and prevent mischief.

BOOK 3.—*Diseases of the Liver, and Biliary Apparatus.*

1st. FUNCTIONAL DISEASES OF THE LIVER.

Increased secretion of bile is one of the earliest effects of a change from a cold to a hot climate, and is common in our own country, in very sultry weather. Dr. Johnson has attributed this to sympathy between the skin and the hepatic functions; but the author ascribes it to the fact, that, in elevated temperatures, it has been proved experimentally, that much less aqueous vapour, and much less carbon, is given off during respiration than in colder regions. The increase of bile, therefore, which consists principally of carbon and hydrogen, is the mode which nature takes to eliminate the overplus of these ingredients from the blood. When the liver is torpid, on the other hand, the blood has been generally found peculiarly dark and thick, with an oleaginous appearance on the surface; which the author, on the same principle, believes to arise from the accumulation of those ingredients which would otherwise go to form bile. If the structure of the liver be sound, this accumulation soon excites it to increased action, and the mischief is removed by a copious discharge of green, and perhaps acrid bile. Should this be otherwise, however, disorder may become more serious. The plan is, to remove, as fast as possible, the acrid collection of bile,

by 10 or 12 grains of calomel, and emetics, followed by the copious use of diluents, purgatives, and emollient enemas; and generally all the symptoms speedily vanish. Several cases are here detailed, shewing that the symptoms may be considered to be purgings of greenish, watery, bilious motions; griping, tenesmus, a scalding sensation in the rectum, sickness, and a white tongue; with a rather smart access of fever, but not preceded by rigors, chills, or the usual premonitory symptoms. Should there be, from the irritating effects of the acrid matter passed along the intestines, &c., any local pain and tenderness, a few leeches may be applied. The green colour of the stools, in the author's opinion, arises from bile, and not, as is often supposed, from the mercurial remedies used, for it exists from the first. Bile may be occasionally pent up for some time, or retained in the gall-bladder, from spasm, or from biliary calculi closing the ducts. It occasionally happens from intemperance, exposure to cold, taking ices or cold drinks when hot, &c.; and when this retention takes place, the bile becomes exceedingly thick and acrid. Whenever the obstruction gives way, a great deal of irritation is produced by the passage of this bile through the intestines, and the symptoms are sometimes very violent and dangerous. The treatment advised is nearly similar to that just described. In debilitated habits, the sudden pouring out of the bile produces much depression of the vital powers, syncope, retching, &c.; and then it is necessary to give camphor, æther, and other stimulants, with opium. Hot fomentations to the abdomen are also serviceable. Congestion of blood in the liver, or vena portæ, occurs often, as a primary disorder, within the tropics, and leads on to other diseases when neglected or improperly treated. It generally, however, exists as an effect of other diseases. In congestions, the liver, particularly the right lobe, is much increased in size, rising high up in the chest. The colour of its surface is various—black, greenish, yellow, red, or brown; sometimes mottled, and occasionally streaked. When cut into, the substance is sometimes natural, at other times dark, and deep-coloured blood oozes out, more or less fluid, according to the time which has elapsed before dissection. The bile is more or

less thickened and darkened, and small calculi are occasionally found in the ducts, when the substance of the liver is cut into. These appearances are clearly and beautifully shown in the plates 9, 10, 13, 17, 19.

During congestion, besides the usual signs of suspended function of the liver, that organ being tumified, its surface is put upon the stretch, and hence there is pain in its substance and coverings. The diaphragm is also pressed by it on one side, and the stomach and duodenum on the other; hence there is difficulty of breathing, oppression, fullness, and weight, especially after a meal. Local and general blood-letting, purging, calomel, ipecacuanha emetics, constitute the usual plan of treatment; and every symptom of any other disease being set up, must be closely watched and attended to. Inflammation, especially, is very apt to come on.

A torpor of the functions of the biliary organs may take place in hot climates, by which the secretion of bile is diminished, or altered; and venous congestion, with biliary obstruction, is frequently the consequence. This torpor arises from previous over excitements, from mere change of temperature, excesses in living suddenly left off, habitual costiveness, fatigue, hot clothing and constant perspiration, animal food in abundance, want of exercise, &c. &c. There is drowsiness, hypochondriacism, pain over the eyebrows, loss of appetite, difficult and slow digestion, bowels costive and the stools pale, clayey, or like chalk and water. There appears to be an accumulation of viscid mucus, imperfect chyme, and other matters, on the internal surface of the bowels, cæcum, and cells of the colon. Purgatives remove this collection, and the treatment recommended by the author for this condition of the liver, consists of the free and constant use of purgatives, calomel, an occasional emetic, and blisters to the side in some cases (see Case 39). Nitromuriatic acid internally, and also as a wash to the epigastric and hypochondriac regions, may be used every night and morning. After blistering the neighbourhood, the author advises a plaister to be constantly worn, composed of Empl. Picis Comp. et Empl. Hydrargyni. In simple torpor, unconnected with congestion, gentle tonics are of service, when combined

with aperients. Whenever the abdomen feels full and *doughy*, particularly in the region of the colon or cæcum, purgatives are highly necessary to be persevered in; and also if the motions are offensive, viscid, green, or dark, or even watery; for watery motions are often caused by unhealthy accumulations exciting irritation. Hence it is bad practice to give astringents in these cases.

2d. INFLAMMATION OF THE LIVER, ACTIVE AND PASSIVE.

The functional disorders treated of in the previous chapter are liable to terminate in inflammation of the liver, and consequent abscess, or other change of structure; or, at all events, they predispose to inflammatory action;—hence the necessity of minute attention to their appearance. Hepatitis may, however, also exist as a primary disorder. The author states that hepatitis “*differs very widely* in its form, symptoms, and consequences, according to the particular part of the organ which is affected, and the extent to which the inflammatory action extends itself to the neighbouring parts.” (Vide p. 405.) And yet, in the very next sentence, he says that these signs are seldom so precise as to enable even the most experienced practitioner to do more than approach to a true diagnosis; and that these pathognomonic symptoms which “*so widely differ*,” are often indescribable. Again, a few pages forward (vide p. 408,) we find this still stronger contradiction to the former quotation. “*It would obviously be a great attainment to be able to ascertain the commencement of inflammatory action in the liver, and the precise part in which it is seated. The former is, on many occasions, a point of great difficulty; the latter frequently, if not generally, one of absolute impossibility.*”

Inflammation of the liver may be limited to the convex surface, the concave surface, the internal structure, and the right or left lobe. The right lobe is most frequently, the left least frequently, inflamed. The internal structure, in India, is more disposed to inflame than the investing membranes; and a large abscess may exist in the substance of the liver, without any sign of disease on the surface beyond a slight change of colour. Coagulable lymph is rarely or never effused in inflamma-

tion of the investing membranes, unless the peritoneal covering is also actually inflamed. Inflammation may be extended from the stomach and duodenum to the membrane, and afterwards the structure of the liver; or it may begin at first in the liver, and proceed in the reverse order. When the stomach is first affected, as the disorder extends to the liver, and afterwards, perhaps, to the intestinal canal, the part *last* affected will in general shew most appearance of disease, whilst the others will, perhaps, be even relieved by the extension of the morbid action to the neighbouring organs.

The author animadvertes upon the frequent mistakes which arise, from young medical men trusting so implicitly to the descriptions of hepatitis, &c. in books, since many of the symptoms said to be pathognomonic are often wanting, and others not noticed by them would often be much better guides. The author proceeds to remark upon the great variety in these diseases, and the impossibility of understanding them by the rules usually laid down. But if he be correct in his account of the erroneous descriptions in the published works on 'Tropical Diseases, surely the young medical man is not to blame for this. What other source of information could he consult before the appearance of the present volume? He is not to go without some guide; and it has been usually found sufficient to give him some general description, which cannot, indeed, embrace all, or nearly all, of the varieties, but which will enable him to catch the leading features of diseases, and fill up the minute points, as experience and observation will afterwards empower him to do. The attempts to divide and subdivide a disease into an immense number of classes, according to accidental variations, only serve to puzzle and embarrass the student, when he comes to the bedside of the patient.

In cold climates, acute hepatitis is always considered to be inflammation of the investing membranes; whilst that of the internal structure is what is termed chronic. In India, however, whilst the former variety is still always acute, the latter is by no means always chronic, but is frequently as acute and rapid as the other.

Acute inflammation of the substance of the liver is characterized as follows:—

The commencement is slow, rarely with a rigor, unless from previous congestion; the patient has oppression and uneasiness at the pit of the stomach and right hypochondrium, increased on full inspiration, and extending sometimes to the back and shoulder-blades; pulse at first scarcely affected, but soon becomes quicker, especially towards night. Countenance is pale and sallow, and *drawn* at first; but as the disease advances, becomes even fuller than natural, though still murky or sallow. The skin is rarely jaundiced in India, unless when obstruction of the ducts, &c. is present, though jaundice often occurs in the hepatitis of Europe. In the same way the stools are much less frequently void of bile in India than they are in Europe. The tongue at first is moist, and has a white or yellowish fur; but in the advanced stages it becomes dry, and in severe cases brown or brownish black. The bowels are often costive at first, and the urine scanty and high-coloured, and scalds on being voided: when there has been much previous accumulation of bile and congestion, the evacuations are generally foetid, irregular, dark or green coloured, and often watery. The local pain in the region of the liver is never great or pungent, but is dull, and rather a sense of aching weight, uneasiness, and oppression, with a dragging sensation, increased upon suddenly altering the posture: the liver may be felt swollen, protruding between the ribs and the scrobiculus cordis, and when it rises high up towards the chest, there is often much dyspnoea and pain on inspiration, with a dry cough. The easiest position is on the back, or leaning forwards: difficulty of lying on the right or left side is not a marked symptom. The pain at the top of the right shoulder, so often looked upon as a chief sign of hepatitis, is rarely present except when the right lobe is inflamed. Nausea and vomiting, when very urgent, indicate that the part of the liver nearest the stomach is affected.

When the surface of the liver is inflamed, there is much more symptomatic febrile action; the pain in the right hypochondrium is more acute and pungent, and more increased on pressure; and if the upper surface of the right lobe is affected to much extent, swelling up into the chest, there are symptoms of pleuritis or diaphragmitis—

cough, catching in respiration, and pain and tension in the thorax. The pulse is quicker than in inflammation of the substance of the liver, the tongue more dry, and the thirst more urgent. When the outer surface of the right lobe is inflamed, the pain is principally referred to the margin of the false ribs and right hypochondrium, and the patient lies on his right side in preference; pain extends to the right scapula and shoulder. When it is the concave surface which is affected, the functions of the stomach are prominently deranged, producing nausea and vomiting, and pain at the epigastric region, with great thirst and anxiety; there is a quick, small, and contracted pulse, and often great flatulence and occasional hiccup, and singultus after eating.

Inflammation of the surfaces of the liver rarely happens in India without its being extended more or less to the subjacent structure; then the symptoms of both are conjoined, in proportion to the extent of the complication. In these cases, if proper means of relief are not resorted to, abscess of the substance of the liver may take place; or even under the best treatment, vascular disorder and tumefaction may remain, which may proceed into small abscesses, or the formation of tubercles or other organic changes. Simple inflammation of the surfaces terminates either in resolution, abscess, adhesions to the neighbouring parts by the effusion of lymph, or extension of the inflammatory action to the parts adjacent.

Gangrene, although described as one of the terminations by writers, has never been met with in a single instance by our author, although he has, perhaps, made more post mortem observations than any intertropical practitioner. He believes that they have mistaken for gangrene, a black, congested, and softened state of the organ, often observed to follow congestion and acute inflammation; or else they have been misled by the gangrene which has taken place after the patient's dissolution.

The causes of inflammation of the liver are whatever directly or indirectly produces a plethoric condition of the organ; derangements in the neighbouring viscera—high living—a high temperature, and twenty other causes, are enumerated by the author, amongst which we were surprised to see, “the use of impure water”—“*the age of*

puberty”—as some of those which act indirectly. Dr. Girdastone, we are informed, was the first to notice the latter cause, but Mr. Annesley is only disposed to agree with him, that hepatitis is seldom or never met with amongst Europeans until after puberty. The use of impure water, the author says, he has had many reasons to believe may be considered as operating, along with other causes perhaps, in the production of hepatitis, and he supposes that it acts, after a time, by impairing the energy and tone of the digestive apparatus. The influence of a high range of temperature in the production of hepatitis is to be argued from the theory, formerly alluded to, of the accumulation of carbon and hydrogen in the blood under such circumstances;—and facts confirm this supposition. In the Carnatic the range of temperature is much higher than in any other part of India, and the fall of rain is very much less, so that its cooling properties are also often wanting. It is here that hepatic disease is most prevalent, as is proved by “the Returns”—by the author's own observations—and by Dr. James Johnson's statements in his work on Tropical Diseases, to which Mr. Annesley pays a high compliment.

3d. CHRONIC INFLAMMATION AND ORGANIC DISEASES OF THE LIVER.

“It should be the object of the practitioner,” says the author, “to prevent active inflammations from degenerating into chronic, and the chronic from being converted into active disease.”

The internal substance of the liver is the part most frequently affected in chronic inflammation; but whatever part be affected, the symptoms resemble those of acute inflammation, and differ only in degree; but the slighter the inflammatory action, the more obscure will be some of those signs by which a diagnosis might be obtained.

In every case, but particularly in chronic disease of the liver, the most careful examination should be made of the region of that organ, both by the touch and the eye. Some most judicious and excellent instructions how to effect this most advantageously, are laid down at page 436, to which we refer our readers. The author insists upon the impropriety of using any roughness and sudden force in our examinations, as we shall be liable to occasion great in-

crease of suffering and even aggravation of the disease, whilst we gain no more knowledge than we should by the most perfect gentleness.

The terminations of chronic inflammation of the liver are various. They end in resolution or a return to health; in acute inflammation of the organ itself, or of some neighbouring viscus; or in some organic alteration. These organic changes are not so varied in India and warm climates as in temperate countries;—abscesses frequently are formed, either solitary and large, containing pus—or more minute and numerous, containing a cheesy matter, sometimes with, and at other times without cysts. Enlargements of a lobe, generally the right, often take place, with softening of the texture; at other times with a thickening of structure, from the deposit of lymph, the result of inflammation. This is often termed schirrus, but not correctly, in the author's opinion. The liver also may become gristly or semi-cartilaginous in structure, from long standing inflammatory action: or there may be a collection of spongy tubercles in its structure, some striated, others radiated, and not filling the cavities in which they are imbedded. (See plate 16.) Sometimes the whole liver is of a cheesy consistence, of the colour of nankeen: at other times its appearance is as if parboiled, being scabrous, dry, and spongy, and filled with uneven granulæ. In this state the colour is greyish, the size is much diminished, and the bile ducts and gall bladder destitute of bile, or containing merely a pale watery fluid. The liver also is often found shrunk and wasted, with one or more cicatrices occasionally on the surface, shewing the previous existence of abscesses. (See plate 15.) There are also various discolorations of the surface, and adhesion to the adjoining parts. As these organic changes have been generally complicated with dysentery and the different tropical fevers, the author proposes to illustrate them more particularly when he arrives at those subjects; it may be sufficient here to state that they are all accompanied with more or less deranged biliary secretion, generally a deficiency. Jaundice is only a symptom of functional or organic disease; it varies from a slight yellow to a deep olive colour, commonly called black jaundice, though the latter is very rare, (see Murby's case, page 36, in Appen-

dix), and is the result of unusual hepatic congestion and complete obstruction of the ducts. The author seldom meets with jaundice in his practice, which he attributes to his attention to the free employment of purgatives.

[To be concluded in our next.]

MEDICAL GAZETTE.

Saturday, March 15, 1828.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

THE "FREE PRESS."

WE had looked very hastily over the last number but two of the *Lancet*, for we are heartily tired of its low abuse, its miserable leading articles, its lying reports, and its long list of obscure contributors; but a friend called our attention to the leading article of that number, as an unusually fertile specimen of the qualities by which the paper is distinguished. We therefore took it up again; but although our expectations were somewhat raised by our attention being drawn to it, we were certainly not prepared for such a tissue of absurd pretensions,—notorious falsehoods,—and impudent reliance on the ignorance of its readers. Some of these we exposed in our last number, and we request our readers' attention for a few minutes, whilst we disclose to them a few of the ingredients which make up the rest of this precious composition.

The first paragraph which we shall notice is an attempt to hide the disappointment of the Editor at the result of the late action against him for libel. He says, "the Yellow Goth made his first appearance in the Court of King's Bench on Monday last. The poor fellow obtained five pounds at our expense, and the general laugh at his

own." Wakley has committed the common mistake of supposing that people were laughing *with* him when they were laughing *at* him. There was no laugh at the announcement of the verdict; the principal one occurred when Sir James Scarlett read the announcement from the *Lancet* that Mr. Brougham was to scarify the plaintiff, and called on him to fulfil the promise of his employer. This raised a laugh at the absurd position in which Wakley had placed Mr. Brougham—and it was long and loud. As to the five pounds, does he really think his readers so ignorant as not to know that in an action like this the defendant is bled from two veins—the one yields the damages, the other bleeds still more copiously in the shape of law expenses on both sides? Wakley bled only five pounds from one, but he lost between one and two hundred pounds from the other. Such is the result of an affair which he talks about as if it was a pleasure to him.

The next paragraph which drew our attention commences with a solemnity which, considering its source, is thoroughly laughable, thus:—"It is with the *deepest regret* we have learnt, from a quarter on which we are disposed to place *considerable reliance*, that the health of the King during the past week has been in a state calculated to excite no slight degree of anxiety," &c. Passing over the absurdity of Wakley's feeling regret at any thing but his late law expenses, and the prospect of still more exemplary punishment, we would ask, *what is this quarter "on which he is disposed to place considerable reliance?"* One of his contributors is "Surgeon to the King:" in tenderness to him we omit the name; and, indeed, we can hardly think he would use the information he owes to his official situation to feed the publication by which it is his misfortune to be soiled.

We come now to some remarks on the late trial of "*Rolfe versus Stanley*," and here the first thing that strikes us, in addition to what we said on a former occasion, is, that instead of an outline of the case, and a fair and manly criticism of its leading features, these are all passed over in order to fasten upon two circumstances which the writer seems to consider as its weakest points. Let us see what is the strongest case which this liberal critic can make out against Mr. Stanley.

The first accusation is, that the witnesses whom he called were all interested in bolstering up his reputation. To afford a jury the information they required, there were only three classes of persons from whom Mr. Stanley could select his evidence—namely, the surgeons of his own hospital, the surgeons of other hospitals, or surgeons attached to no hospital. If he had chosen the last, it might have been said that, however eminent, they were not what the public look upon as the highest authority in such cases;—if he had selected the first, it would have been said that they had too much *esprit de l'hôpital* to give evidence against a colleague; or that if any one was inclined to do so, his mouth would have been closed by the odium of the act. Where, therefore, could Mr. Stanley go for competent and impartial witnesses, except to the eminent surgeons of other hospitals, with whom he had no private intimacy, and who knew him only by his public character? But it is clear that, wherever Mr. Stanley had gone for witnesses, they would have been declared incompetent; for, in the same page in which he is blamed for not selecting them from among his colleagues, the surgeons of the Borough hospitals are described as one large surgical family. What will our readers think, when we tell them that the same writer who declares that the eminent surgeons

who were called, were interested, and therefore incompetent witnesses, in the next page but one, with the greatest effrontery, quotes the testimony of Mr. Rolfe, senior, the father of the plaintiff, whose mind was as sore on this subject as his son's knee had been, and whose pocket was concerned in the decision. But the use which is made of Mr. Rolfe's evidence affords an example of impudent misrepresentation which our readers will scarcely believe when we come to explain it. In criticising Sir Astley Cooper's evidence, the Editor of the *Lancet* asks—"What say you, then, Sir Astley, of the surgical skill of Mr. Stanley, who removed the patient's bandages on the fifth day, *EXERCISED the limb on the fifth, sixth, and seventh days*, and only desisted from this plan of treatment in consequence of the excruciating pain which, according to the evidence of Mr. Rolfe, senior, it gave the patient?" To keep this statement before the reader, he is told again, in a subsequent part of the same paper, that the complaint against Mr. Stanley was not that his treatment was not sufficiently active, but that it was "most injudiciously active, inasmuch as he removed the bandages on the fifth day, in a case which he supposed to be one of fractured patella, *and exercised the joint on several successive days*." When we first read the above question to Sir Astley Cooper, we were quite astounded! We thought that it was extraordinary practice in a case which was supposed to be fracture! imagined ourselves in the witness-box, and felt that if this question had been put to us we should have been posed for an answer. We rubbed our spectacles; put them on again, and then read a second time; but still we saw the words, staring us in the face, "*removed the bandages on the 5th day, and exercised the joint on several successive days*." At length, not knowing what to make of it, we turned to the report of the trial in this same

number of the *Lancet*; and carefully read the evidence of Mr. Garman, the apothecary, who attended the patient in the first instance,—but here we found nothing about it. We then read Mr. Cross's statement of the case, which, of course, would contain all the most aggravating circumstances; but here, again, we found nothing which could be tortured into such an assertion:—lastly, we turned to the evidence of Mr. Rolfe, sen. on whose authority this extraordinary accusation is raised; and will the reader believe—we can hardly believe it ourselves while we write it down—that Mr. Rolfe says nothing of the kind! that his statement is quite incompatible with it; and that the accusation itself is an atrocious fabrication of the writer? Mr. Rolfe's words are these—"the splints remained on for about five or six days, when Mr. Stanley took them off and bent the knee; but it gave my son such excruciating pain that he was obliged to desist: the splints were put on again, *and remained on for seven or eight weeks*." This is the only part of Mr. Rolfe's evidence which has the smallest relation to what we were in search of, and we leave it for the reader to judge what must be the composition of that man's mind who is base enough to invent such a statement for the purpose of injuring the character of one of his professional brethren; and impudent enough to print it but a few pages from the report, to which the reader had only to turn to discover the bare-faced imposture.

Inferior only in the audacity, but superior in the number of its falsehoods, is the next article, which contains a criticism of Mr. Brodie's case of Popliteal aneurism, of which we gave a detailed account in the 8th No. of the *Gazette*. Our readers will remember that the patient was taken into St. George's Hospital, under the care of Mr. Brodie. A large aneurism was

found in the left ham, and a small one in the right. After subduing some fever, which existed when the patient was first admitted, Mr. Brodie tied the femoral artery: the pulsation ceased immediately and entirely, but no part of the wound united by the first intention; matter formed in it; spongy, indolent granulations arose; and the ligature came away on the 14th day, leaving a wound indisposed to heal, with a swelling of the surrounding parts. In a fortnight after the ligature came away secondary hæmorrhage occurred, which was stopped by pressure, but it returned two days afterwards more profusely, and Mr. Brodie tied the artery a second time. He at first intended to apply the ligature close to Paupart's ligament, but farther consideration induced him to change his determination on this point, and he therefore applied it lower down. The immediate effect of this second ligature was a cessation of the oozing from the first wound, but a few days afterwards the patient was attacked with fever; and when, in the course of a fortnight, the ligature came away, it left a wound as little disposed to heal as the former. From this second wound, hæmorrhage, to the amount of a pint and a half, occurred a fortnight afterwards, and after several bleedings from either wound, with fever, violent pain, and other unfavourable circumstances, the man gradually sunk.

On examining the body after death, it was found that the second ligature had been applied immediately below the origin of the profunda, and that the femoral artery at this point was destroyed by ulceration: from this spot, down to where the first ligature had been applied, both artery and vein were obliterated—the aneurism in the ham was reduced to the size of a small orange; it was solid, and the vessels to and from it were obliterated. The body, contrary to the assertion of the Lancet, was minutely examined, but no

disease was found, except the small aneurism in the ham, which was carefully dissected. No competent and honest judge can doubt that the patient fell a sacrifice to the unfavourable state of his constitution, which prevented the wounds from healing, and occasioned the ulceration of the artery and death of the patient, notwithstanding that all the resources of surgery were employed to preserve his life.

We now come to the remarks of this candid and veracious critic: he begins by censuring Mr. Brodie for not operating as soon as the man came into the hospital, at which time, as we stated in our report, he had a quick hard pulse—a flushed skin—a furred tongue, and disturbance of the nervous system: Was this a condition fit for the operation? Which was the better plan, to perform it during the height of this disturbance, or to postpone it till it was subdued? We put this question to the reader, not to the critic in the Lancet, who has neither the knowledge nor the honesty necessary to answer it.

He next censures the operation itself, because the ligature was applied, not by means of an aneurismal needle, but of a common probe, which the writer thinks must have separated a larger portion of the vessel from its vascular connexions with the surrounding parts. This person knows as little of practical surgery as of the case which he criticises. A common probe, which can be bent to any angle, draws the ligature under the artery with less detachment from the surrounding parts than the needle, and we can testify that to other eyes the operation appeared to be performed with singular dexterity. The writer next complains that the second ligature was applied to the femoral artery, immediately below the profunda: the fact was published in our Gazette weeks ago, by our own reporter. But under what circumstances was the operation performed? The adhesions of the original wound, and

the agglutination and consolidation of the neighbouring parts, in consequence of the suppuration which had gone on for four weeks, prevented the ligature from being applied within a certain distance of the bleeding point. The artery might have been secured close to Poupert's ligament, and this is the only way in which there could have been any certainty of its being above the origin of the profunda. But, if this had been done, the ligature would then have been immediately below the epigastric and circumflexa ilii arteries, which are invariable in their origin; and very probably it would have been immediately above the orifice of the profunda: there would have been no small risk of hæmorrhage both from above and below. Sir Astley Cooper and others have tied the artery in this situation, and the patients have suffered from hæmorrhage afterwards. The space, then, in which a ligature could be applied was reduced to a very small compass, and in that space the profunda had its origin. But the point where it arises is not constant, like that of the epigastric: every one knows, or ought to know, that the profunda is sent off in one individual two inches, or even two inches and a half higher up than in another: who, then, in applying a ligature in this part of the limb can be certain whether it is above or below the profunda? If there be any rule to enable him to decide this—what is it? After all it was not the want of a coagulum which produced the hæmorrhage, for there was no bleeding for nearly a fortnight after the ligature came away, and there would have been none at any time if the wound had gone on favourably. But, unfortunately, neither incision shewed any disposition to heal, and ulceration was clearly going on all the time below the surface, with fungous granulations, sprouting up from the sheath of the vessels.

The writer does not conclude his censures with the life of the patient, but condemns the treatment even of the dead body: he says, "a minute dissection would have been most interesting;"—very true, and accordingly a minute dissection was made. The assertion that it was not, is a mere assumption of the *Lancet*; and, like most of its assumptions, is false. After discussing, very minutely, the appearances of the incipient aneurism in the other ham, (the opportunity of examining which, this oracle of truth says, "seems to have been wholly neglected") our reporter expressly states, that "no *other* disease, of any consequence, was observable in the arteries." The fact is, that the heart and great vessels were healthy, and had disease appeared elsewhere we should have mentioned it.

Thus far the Editor of the *Lancet* has been commenting on his own account of the case; for the accuracy of which, he says, he "*pledges*" himself. What thinks the reader of the fabricator of Mr. Stanley's "exercise" of a supposed fractured knee-joint, pledging himself to accuracy! But, in "justice" to Mr. Brodie, he has subjoined our report of the case, which he has "no doubt" is from the pen of that gentleman himself. His "no doubts" are worth just as much as his "pledges:"—it was from the pen of our usual reporter. When the *Lancet* says that our report was written by Mr. Brodie, we might, with more probability, say the criticism was from the pen of Mr. Lawrence, or Mr. Wardrop; but although many believe this, *we* do not: we should be sorry to think either of them sunk so low.

Next follow some wretched and almost unintelligible verbal criticisms on that passage of our report, in which we state that the patient "was feverish and irritable;" and these lead to some sneers at Mr. Travers's work on Constitutional

Irritation, in imitation of those which Mr. Lawrence sported in his letter to Wakley. Does this disciple, or shadow, of Mr. Lawrence, think that there is no difference between fever and irritation?—that there is not a state which is commonly called irritation, about the existence of which there can be no question, though we may dispute about the name? Mr. Lawrence, and those who think with him, may have used their hands in dissecting, their eyes in poring over the records of medicine, and their memories in retaining and retailing the opinions of others; but they can have made but little use of the higher faculties of the mind, in observing and reflecting on disease, if they have never come to the conclusion that there is a morbid condition sometimes of particular organs, sometimes of the whole system, indicated by excitement without power—a condition which an inexperienced observer would take for inflammation, and attempt to remove by active depletion—but which is of a different nature, and requires different treatment. It is true that very vague and indistinct notions have been, and still are, entertained about the nature and the boundaries of this condition; but states thus unprecisely recognised are the most proper objects for philosophical analysis; and he who can elucidate such subjects, and reduce the knowledge of them to order and precision, performs a greater achievement than the collector of opinions, the renovator of an operation, or the compiler of a dictionary. As to the name by which this state is designated, Mr. Travers did not invent it; he found it ready made;—and, we do not remember the time when the term irritation was not employed to designate this same condition.

To return to Mr. Brodie's case. It is asked, why was not pressure made with a graduated compress? It is amusing to see how little this person knows

about the case which he criticises, and of which, be it remembered, he has published an account, although it is quite obvious throughout, from the omissions and mis-statements, that it is either ignorantly or wilfully falsified. Pressure was tried on the occurrence of the first bleeding; and Mr. Brodie mentioned that he had never seen a case of hæmorrhage, after the operation for aneurism, in which this method was not sufficient to restrain it. It was only because this failed, and the bleeding returned in a most alarming form, and could not be restrained except by such pressure as was intolerable, from the pain it produced, that the second ligature was applied. As to amputation, the remark concerning it is that of our reporter—it is not given as having come from Mr. Brodie, who never mentioned it, much less proposed it.

So much for this case, in which we have followed the critic through his path of misrepresentation, because it is more than usually crooked and involved. Indeed, this case, taken in conjunction with the account of Mr. Stanley's trial, affords a good illustration of two different kinds of falsehood: we have, first, the direct, bold, determined lie—"exercised the joint on several successive days;" and then we have the lie oblique, by hints, by insinuations, and by "no doubts." The two together exhibit a manner and a method in lying which can only have resulted from long experience and constant practice.

The paper concludes with a passage worthy of what precedes it, and which shows that the writer, whoever he may be, has a heart and an imagination filled with the foulest images and the darkest passions. "We shall conclude (says he) by reminding him (Mr. Brodie) of two circumstances in the natural history of these crawling, wriggling, and unsightly creatures (bats), which it would be well worth his while to ponder most atten-

tively. Bats commence their flight from an eminence, which they frequently gain by a filthy and tortuous course—starting on the wing with this advantage, they go on very well, but once fairly bring them to the ground, they rise no more.” If this is intended for a parabolical description of the means by which Mr. Brodie has risen in his profession, the precariousness of his success, and its probable termination, there is not a man in the profession to whom it is less applicable. An exact knowledge of anatomy, and surgical dexterity acquired through the unroyal roads of laborious dissection and great practice—accurate discrimination of disease—a ready command of the best resources of his art—an acute scientific mind—caution and conscientiousness in practice, never exposing his patient to unwarrantable risk for the chance of gaining professional *eclât*—plain and honourable conduct to his brethren—and, lastly, the humble yet essential quality of industry in the daily duties of his profession;—these are the qualifications which have raised him to his present eminence, and will as surely support him there; and if ever he should be prematurely brought down from his elevation, not by the shot of this moral assassin, but by sickness, or death,—rest assured his place will not be filled by any partizan of the *Lancet*, for men who are strong in some qualities, but grossly deficient in others equally essential, are better calculated to gain a noisy notoriety than to acquire extensively and permanently the confidence of the public.

If we could have anticipated, at the commencement of this article, the disgust we were to experience, in poring over the loathsome trash which it has been our business to expose, we would never have undertaken the task. The rest of the Number is as dull and worthless as the part which we have been exposing is false and malignant, and

affords a good specimen of the publication by which the profession has been for so many years insulted, deluded, and disgraced. But its downfall has commenced, and is already far advanced. It may struggle to keep itself alive, by puffing advertisements and bulky Numbers, by which the Editor must be a loser, just as the proprietor of a stage coach makes a desperate effort by taking passengers for nothing;—but these are only the symptoms of approaching dissolution—the struggles of a sinking swimmer—the convulsions which precede death. The *Lancet* has ceased to draw blood, and will soon cease to draw money; its end is broken, (it never had a point, but used to wound like the thrust of a stake); its edge is jagged; its surface foul;—and although its friends may make an attempt to sharpen and brighten it, they will fail in their endeavour; for it is of worthless metal.

SUPPRESSED PAPERS RELATIVE TO DR. FORBES & MR. GUTHRIE.

WE were in possession of the correspondence which has recently appeared, between Dr. Forbes and Mr. Guthrie, several weeks ago; but judged it, in every point of view, expedient to let the matter drop. Whether, after having been kept back for six weeks, these letters are now published at the instigation of a third person, for some malevolent purpose, as insinuated by *VINDEX*, or whether it is merely an instance of the amiable feeling which proverbially actuates the *Lancet*, we know not; but we presume that Dr. Forbes, in justice to himself, will disavow any participation in the transaction. As, however, *but a part* of the correspondence has appeared, it is only an act of justice to Mr. Guthrie that we should insert the documents which have been suppressed:—these we subjoin.

To the Editor of the London Medical Gazette.

SIR,

A PART of a correspondence between Dr. C. F. Forbes, other gentlemen, and myself, having been published in the *Lancet*, I request you will have the goodness to insert in your Journal that which followed*, with a few words necessary to render it intelligible.

I am, Sir,

Your very obedient servant,
G. J. GUTHRIE.

2, Berkeley Street, March 11, 1828.

At two meetings of the Committee of the Royal Westminster Infirmary for Diseases of the Eye, which took place on the 7th and the 14th January, 1828, Capt. Kater, F.R.S. being *pro tempore* in the Chair, Dr. Forbes was pleased to give certain explanations of what had passed between him and Mr. Guthrie, the substance of which, to the best of the recollection of the Chairman of the Committee, and two of the Vice Presidents, will be found below. On hearing these explanations, Mr. Guthrie immediately declared, that if Dr. Forbes had made them earlier, no disagreement could have taken place. The Chairman declared that these explanations ought to put an end to all publication of correspondence, or any thing else which might by possibility lead to the injury of the charity; and on subsequently pressing Dr. Forbes on these points, that gentleman referred him and the two Vice-Presidents, Sir J. M'Grigor and Sir W. Franklin, to Dr. Hume, who was thereupon requested by these gentlemen to meet them on the subject.

Mr. Guthrie requested a statement in writing from the Chairman and the two Vice-Presidents, of what Dr. Forbes had said before the two Committees of the 7th and 14th of the same month, and received the following, being the statement above alluded to.

“ Dr. Forbes's expressions at two different meetings of the Committee of the Royal Westminster Infirmary for Diseases of the Eye, were, that the words Mr. Guthrie considered offensive in his letter of the 17th December, 1827, did not apply to him; that he could not have made use of them without criminating himself; that upon his

honor he did not intend to say any thing injurious to Mr. Guthrie's professional character, had he been called in evidence upon the trial; that before his God he had not the least animosity towards Mr. Guthrie--and many such most honourable and gentlemanly admissions to the same effect. Mr. Guthrie, in reply, stated himself perfectly satisfied with Dr. Forbes's explanation. We believe this to be as nearly as we can recollect the expressions which were made use of.

HENRY KATER,

Chairman at the two Meetings alluded to.

J. M'GRIGOR,

Vice-President, R.W.E.I.

W. FRANKLIN, V.P.R.W.E.I.

London, Jan. 18, 1828.

Mr. GUTHRIE after having received this paper addressed the following letter to Dr. Forbes:—

2, Berkeley Street, Jan. 19, 1828.

DEAR SIR,

AFTER the perfectly satisfactory explanations which you gave at two meetings of the Committee of the Royal Westminster Infirmary for Diseases of the Eye, respecting your letter addressed to me of the 17th Dec. last, I have no hesitation in expressing my regret that I should have put a construction on that letter you say you did not intend; and which, unfortunately, led to the disagreement and correspondence which has taken place between us.

I need not again express my regret for what happened to you on your visit to the Eye Infirmary, and the painful consequences which ensued*; with which I was totally unacquainted until 24 hours after they had occurred.

I am, dear Sir,

Your obedient servant,

G. J. GUTHRIE.

The following answer was returned by Dr. Forbes:—

Argyll Street, Jan. 20, 1828.

DEAR SIR,

I HAVE the pleasure to acknowledge the receipt of your letter, expressing your regret at having put a misconstruction on my note of the 17th December last; and as I am happy to find that my ex-

* There are several others omitted in Dr. Forbes's statement.

* Meaning the duel with Mr. Thomson.

planation to the Committee has convinced you my motives in writing it were only those of candour towards you, I have no objection that Dr. Hume and Capt. Kater should do whatever they may think best calculated to remove any unpleasant feeling in your mind regarding it.

I am, your's truly,

CHAS. F. FORBES.

G. J. Guthrie, Esq.

It was distinctly stipulated by Capt. Kater, Sir James M'Grigor, and Sir Wm. Franklin, with Dr. Hume, and understood by them, that no part of the correspondence between Dr. Forbes and Mr. Guthrie should be published, it being the object of these gentlemen to put a stop to the publicity of any misunderstanding which might, by possibility, affect the interests of the charity.

A paper was also signed by Capt. Kater and Mr. Hume, *in substance* to the following effect:—That explanations perfectly satisfactory and gentleman-like having passed between Dr. Forbes and Mr. Guthrie, every difference between those gentlemen was considered to have been most honourably terminated, to the satisfaction of all parties.

The document remains in the possession of Dr. Hume.

Mr. Tebbs to Mr. Guthrie.

Stafford-Place, Pimlico, March 10, 1828.

MY DEAR SIR,

To the questions you have submitted to me, I beg to give the following answers.

Q. 1. At what time did I change my hours of attendance at the Infirmary?—A. On the 2d of January, 1827.

Q. 2. Did Dr. Forbes make any alteration in his hours of attendance in consequence?—A. Yes; from the same date, he always came at half-past eleven.

Q. 3. Were the patients regularly informed of the change?—A. For at least a fortnight (and I feel pretty certain during the whole month of December) I mentioned it frequently, on each Infirmary morning, to both patients and pupils, requesting them to disseminate it also; and I have heard you do the same. I likewise, by your order, wrote notices to the same effect, which were pasted on the doors of the waiting rooms, and not removed for some weeks after the alteration.

Q. 4. Did you ask me whether any change should be made in the admission letters?—A. I perfectly remember asking you what had better be done about them, as we had

but recently had a fresh supply (about 500. I think,) printed. You replied—"Those need not be wasted; they will do if the word twelve be written in the margin, and ten be erased." After a few mornings, half-past eleven was substituted for twelve; Dr. Forbes having stated that he could not attend at the latter hour, as it would interfere with his other engagements. From the commencement of January till the end of May, when I left the Infirmary, *I never failed to make the written alteration*; and scarcely a letter was written, during that period, for any patient but by myself; as the books will testify. I remain, my dear Sir,

Your's very faithfully,

J. D. TEBBS.

To G. J. Guthrie, Esq.
2, Berkeley Street, Piccadilly.

Middlesex.

I hereby make affidavit that the whole of this Letter is true.

J. D. TEBBS,

5, Stafford Place, Pimlico.

Sworn at the Police Office, Great Marlborough Street, this eleventh day of March, 1828, before me,

H. CONANT.

Note from Mr. Leese.

I certify that I have attended at the Royal Westminster Eye Infirmary for these last seven years past, as cupper; that Mr. Guthrie changed his hour of attendance in January 1827, from ten to twelve o'clock; that notices to this effect were posted up for the information of the patients, who were soon thoroughly acquainted with the change; and the new patients were all informed of it.

C. LEESE.

11th March, 1828.

HOSPITAL REPORTS.

MIDDLESEX HOSPITAL.

Case of very extensive Disease of the Liver, with little apparent disturbance of the functions of that viscus; and great derangement of the Stomach, without any change of structure.

Dec. 18th, 1827.—MARY PERRY, ætat. 55, married, was attacked with vomiting of yellow and green matter about five or six months ago; with loss of appetite, and gradually increasing debility. About five weeks ago she perceived a slight swelling in the right hypochondrium, which gave her great pain on pressure. The tumor has been progressively increasing; it is hard, and appears to be irregular. It occupies

almost the whole of the abdomen, extending nearly to the pubes. She has frequent rigors; her bowels are costive; and she brings a great quantity of clear, ropy fluid off her stomach, with constant sickness. The catamenia have ceased for the last eleven years: tongue red at the edges and tip, but moist: pulse 84, regular.

Magnesia and alkaline medicines were tried, without moderating any of the symptoms. The only remedies that procured relief were opiates. Prussic acid was administered, at the suggestion of a gentleman who occasionally visited her, and felt interested in the case; but it was soon discontinued, having produced no good effect.

The opiates continued to relieve the excessive pain in the tumor, whilst they checked, in a great measure, the viscid discharge from the stomach: this at one time amounted to 3 pints in 24 hours. The stools and urine were perfectly natural, and there was no yellowness of the skin. She became emaciated without much fever, and sinking gradually, died on the 15th of February. On examination after death the following appearances presented themselves.

On opening the abdomen a quantity of bloody serum escaped, amounting to 5 quarts. The liver was seen filling all the upper part of the cavity, extending into the left hypochondrium, and entirely concealing the stomach; its substance studded throughout, with large yellowish white tubercles, of a soft medullary looking matter, each tubercle having a tendency to soften in the centre. The viscus in the interstices, between the tubercles, was of a healthy appearance: its general form was much altered, its sharp edge being nearly destroyed by the bulk of some of these tubercles: its weight exceeded nine pounds. The gall-bladder was plugged up with gall-stones, and changed externally into a thickened cartilaginous substance, having strong bands of apparently muscular fibres running across the interior. The stomach was quite healthy, but very much contracted, apparently by the mechanical pressure of the enlarged liver: the omentum was very vascular, and had nodules, of an appearance similar to those in the liver, deposited between its layers. The other organs were in a healthy state.

This case is instructive, chiefly as it exhibits the obscurity and uncertainty

of diagnosis, for on her admission, from the situation of the pain, and the frequent rigors, followed by perspirations, with which she herself stated that she had been attacked previously to her coming into the hospital, Dr. M'Michael was naturally led to conclude that it was an affection of the liver,—and probably an abscess. But in the progress of the disease, the derangement of the functions of the stomach became the prominent feature, and the conjecture at last was, that it was disease of that viscus. Besides, there was no paleness of stools, no yellowness of skin, no unnatural appearance of the urine; in short, no symptom denoting a deficiency in quantity, or alteration in quality of the bile; and yet on examination after death, the stomach was found to be perfectly healthy, whilst the liver was so considerably diseased.

ST. BARTHOLOMEW'S HOSPITAL.

Case of oblique Inguinal Hernia in a Female.—Appearance of a double sac.

AN old woman, 72 years of age, had been subject to rupture for more than 30 years; it frequently came down, but she never had any difficulty in returning it: she stated that on the morning of the 8th, being without her truss, the hernia protruded to a greater extent than she had observed it: she made several ineffectual efforts to reduce it, and being seized with vomiting, pain, and tenderness of the abdomen, medical aid was called in: the taxis was tried, and purgative medicine was given, but this not succeeding, she was brought to the hospital.

FEB. 9, at one, A. M.—The gentleman who accompanied her stated that during the afternoon of yesterday she had two scanty motions, which he conceived came from the lower bowel: clysters had been repeatedly given, but she has had no evacuation since. The hernial tumor is about the size of a large orange, and can be traced protruding from the external ring of the right side, and forming a swelling at the upper part of the labium: the tumor is soft and elastic, and free from tension; but upon pressing, in the situation of its neck, considerable hardness can be felt, and it gives the patient much pain: her pulse can scarcely be felt at the wrist: she vomits incessantly, and the slightest pressure on the abdomen, par-

ticularly at its lower part, causes her to cry out. The right side of her body has also been paralyzed for some years. The house surgeon had her put into a warm bath, and applied the taxis. Mr. Earle having now arrived, and finding the patient quite faint, ordered her to be removed from the bath into bed, where he tried the taxis for a considerable time; but not making the slightest impression upon the bulk of the tumor, and the patient's state becoming more alarming, he proceeded to the operation. An incision was made through the integument, across the tumor, commencing half an inch above the external ring, and terminating at the lower part of the swelling: the different layers of fascia were next dissected off; and the hernial sac exposed. This was very little thickened, considering the number of years hernia had existed: the sac was next opened, and a small quantity of yellow-coloured fluid escaped. Intestine, or omentum, was now anxiously looked for, instead of which another sac presented itself, of an oblong shape, transparent, and having very minute vessels ramifying upon its surface. It was not thicker than the cyst of an hydatid, but much stronger: a puncture was made into it, and director introduced; a probe-pointed bistoury was conveyed along its groove, and an incision made towards the neck of the sac: from two to three ounces of reddish coloured serum escaped: it was now very evident that this was nothing more than an adventitious membrane. Mr. E. stated that he could trace it up to the neck of the true hernial sac, but no further, where it appeared to him to be attached: this opinion was confirmed by the inspection after death.

A portion of small intestine was now brought into view; its coats were enormously thickened, and one or two reddish brown spots were observed at that part nearest to the external ring: no stricture existed, and the principal obstacle which prevented the return of the intestine was the manner in which the protruded gut was folded, lying transversely across the neck of the sac: it was necessary to bring down a fresh portion of intestine, and gently kneading that which had been protruded, the whole was soon returned.

The vital powers were much reduced after the operation; but she rallied, and inflammatory symptoms came on.

These were combated by the usual means, but she died on the 12th.

Inspectio cadaveris.—The surface of the intestines was highly inflamed, and the convolutions of the canal were agglutinated by recently deposited lymph. The intestine which had been protruded consisted of a complete fold of the ilium: the gut was much diseased, and of a dark colour:—this discoloration extended several inches beyond the protruded portion: the interior of the hernial sac was inflamed, and ulceration had commenced at its lower part: the adventitious membrane, seen at the time of the operation, had united to the sac, but upon removing the adhesion it could be traced up to the neck of the sac, to which part it firmly adhered. The head was examined, and an old apoplectic cell discerned immediately underneath the tinea semicircularis of the left ventricle.

LA CHARITÉ.

Case of Paralysis of Lower Extremities, coming on gradually—Fatal.

A hackney-coachman, between 35 and 40 years of age, above the middle stature, and enjoying good health at the time, when in a state of perspiration, walked with naked feet on a marble floor; the perspiration instantly ceased, and was followed by cold chills, and a sense of uneasiness during the whole day. The following day he complained of sore throat, which was relieved by sudorific drinks, but lassitude, want of appetite, and some fever remained, though without headache. Afterwards the lower limbs swelled, the patient experienced in them a feeling of formication, and soon afterwards they refused to sustain the body. The toes presently became the seat of a sensation of coldness, which was propagated to the legs, thighs, buttocks, and at length to the lower part of the loins. A physician was called, who, looking upon this as a rheumatic attack, applied leeches to the insteps, and frictions, with a sedative balsam. The patient was admitted into La Charité on the 1st January, twenty days after the suppression of the perspiration. He was then in the following condition: the features expressing great suffering; the lower limbs in a state of complete paralysis; he complains of pricking pains, especially in his feet; they are perfectly helpless,

and fall down like dead masses when lifted up by the hand, but they preserve their sensibility. Within the last two days only, the upper extremities have begun to take on the same disease as the lower ones; at first the fingers, then the fore-arms, lost the power of motion, but their paralysis is not complete; the patient is able to extend and bend them in a very limited degree; the arm itself is moved with rather more facility; nevertheless the muscular contractions are very feeble, for he is not able to keep it in an elevated position—it falls in the same manner as do the lower limbs: otherwise, sensibility is not destroyed in any part of the body; the pulse is frequent; the face and neck perspire; the paralysed parts are dry; the respiration is performed by the diaphragm; the patient is oppressed; his voice altered; he tries from time to time to make long inspirations, for the chest can scarcely be said to dilate. There is constipation, scanty urine, but no headache. The intellectual faculties are perfect. *Four bleedings from the arm, blisters to the legs each day, a potion with gum and three ounces of castor oil, strict diet and emollient drinks*, were the means employed between the day of his admission and the 7th of January. Up to this last day the patient had not had an evacuation; the oppression not only still continued, but was increased by a great quantity of mucus which choked up the bronchi, and which he could not get rid of without great exertion, the efforts of the cough were so feeble. The pulse was 110, and weak; the perspirations continued and were very copious, especially during the night. *Jalap with syrup of poppies, barley water with honey, blister between the shoulders*. Three copious stools were procured by a purgative clyster, and an ounce of castor oil.

It is needless for us to follow up the daily reports further: the patient gradually sunk, and died on the 21st.

Examination.—The dura mater covering the brain was healthy, and there was but little serum under the arachnoid membrane, which presented some opaque patches on different points of the convexity of the hemispheres of the brain. The pia mater was rather vascular, uniformly red on the posterior lobe of the right side; there was a soft gelatinous exudation in the cellular tis-

sue which unites this membrane to the cerebral face of the arachnoid, on the convexity of the anterior lobe of the left side; the convolutions of the brain were very unequal, some small and hidden, as it were, by the larger, which rose several lines above their level; the ventricles contained very little serum; the substance of the brain, cerebellum, and tuberculum annulare, presented no remarkable deviation from health, either in consistence or colour. The spine, opened the whole of its length, presented nothing particularly deserving of notice outside the dura mater; the arachnoid appeared healthy throughout its whole extent; in the cervical region, it contained one or two spoonfuls of turbid serum, but it was not possible to ascertain whether this had been originally thrown out in the cavity of this membrane or not. It is probable that it might have proceeded from a large opening that had been made in the internal layer of the arachnoid, in the endeavour to lay open the spine, and that it had been exhaled in the canal discovered by M. Magendie. The vessels of the pia mater were a little injected, especially towards the lumbar region. The spinal marrow, of its natural dimensions, presented no traces of compression externally, nor any alteration of colour; divided throughout its whole length, it appeared to possess its natural consistence in the cervical portion, but lower down it was evidently softened. This softening, but slightly marked at the upper part, became more so towards the lower extremity; it was greater in the centre than at the circumference, but it was not more red, or vascular, than in the healthy state.

The organic alteration produced by diseases of the nervous system are not always appreciable; and even when they are so, they are sometimes so little marked as to be easily overlooked, or mistaken. In these organs, the smallest alteration may produce the most fatal effects; and if the examination be not made very minutely, these alterations are not discovered, and then we have recourse to the sounding terms of *vital lesion*, or *functional lesion*, to explain the morbid phenomena. Such was the state of the case just recorded. The spinal marrow, and its membranes, were in a healthy state; it was of its natural size and colour;

when divided throughout its whole length, it presented neither infiltration nor injection of blood; it was declared to be perfectly sound—when a more attentive examination proved that its consistence was not alike in the whole of its extent.

It is evident in the above case, that the softening of the dorsal and lumbar portions of the spinal marrow was the principal cause of the morbid phenomena, and of the patient's death; and that the appearances found in the brain were neither the primary nor most important disease. The progress of the paralysis indicates the course of the affection of the spinal marrow; for some time neither the functions of digestion nor respiration were troubled; there was but little if any fever; the patient felt merely lassitude and weakness in the lower limbs, but still was enabled to follow his usual avocations. These symptoms shewed that the disease was then confined to the lower part of the spine. Afterwards, loss of appetite and constipation came on; at the same time, respiration became difficult, the contractions of the heart became more frequent, and, lastly, the upper extremities became affected in the same manner as the lower limbs. What could be the cause of these disturbed functions, if not the change in the spinal marrow propagating itself by continuity from the lower to the upper part?

If we may judge by the anatomical appearances, the inflammation can never have been violent; it may be doubted whether it existed at all, since M. Recamier considers these softenings as of a peculiar nature, independent of inflammation. The sensibility was preserved entire, and yet it did not appear, upon examination, that the posterior cords of the spinal marrow were less changed than the anterior. This strengthens the mode of explanation given by M. Lallemand of the experiments of M. Magendie, as to this point of physiology.

The most important phenomenon of this disease was the disturbance in respiration. The palsy of the intercostal muscles, by preventing the free dilatation of the chest, by degrees impeded the change in the blood, and brought on asphyxia; this was also hastened by the quantity of mucus accumulated in the bronchi, owing to a defect in the

powers of expulsion. Thus the patient was a good deal relieved when, by proper methods, the respiration was rendered more easy.

EXTRACTS FROM JOURNALS,

Foreign and Domestic.

METASTASIS OF THE MILK.

At the meeting of the Royal Academy of Medicine, (Paris, 29th January,) the secretary read a curious case of the metastasis of the milk, occurring in the practice of M. Harvez de Chegoin. A woman, 44 years of age, was brought to bed in November 1827. The labour was difficult; terminated at length by the forceps, after two bleedings. The pulse remained frequent for some days after the delivery. On the fourth day, a miliary eruption appeared, and the breasts did not become tumid, as is commonly the case, but the urine was thick and turbid, and deposited, from the 5th to the 11th day, a white and soft matter, which was collected and analyzed by M. Petroz, who discovered that this matter contained a large portion of caseum. The patient dying, M. Harvez relates that he found the mammary gland of its usual colour in such cases, but containing no milk. This gentleman also related the result of the examination of the other organs, but said not a word relative to the kidneys and bladder. In the reflections added to the detail of this case, M. H. de Chegoin observes that Orfila has reported two cases, in which caseum was discovered in the urine, but that this chemist is of opinion, notwithstanding, that, in the present state of animal chemistry, it is not possible to affirm positively whether this substance really was caseum or not, since, of all organic substances, this is the most difficult to ascertain, and very likely to be confounded with febrine. M. Dumeril assures us that, in different epidemics of puerperal fever, he has often found, in the bodies of those who died, the lymphatic vessels leading from the breasts to the armpits full of milk; which led him to believe that the milk might be absorbed, carried into the blood, and evacuated by other channels besides the breasts. M. Husson related the following circumstance from M. Chaussier, and which he was enabled to

confirm when supplying that gentleman's place, at the Hospice de la Maternité, during his temporary absence upon other duties. Pus was very frequently found in the joints of the elbow, knee, &c. in females who died of the puerperal fever, from the fifth to the sixth day; and in certain years this was especially found to be the case. Out of fifty bodies examined, M. Husson declares that in ten pus was discovered in the different articulations.

REMARKABLE MALFORMATION OF THE PUPIL OF THE RIGHT EYE AFTER A WOUND.

THE following case is interesting, both in a surgical and physiological point of view, as a proof of the injury that may be inflicted upon the eye without loss of sight. A healthy young man wounded himself in the eye with a pointed instrument, and made an opening through the cornea, similar to the incision in the operation for cataract. A considerable quantity of blood water escaped through the wound, and the power of vision was for the time destroyed. Upon examination, the eye was found collapsed; the aqueous humor had escaped. It was impossible to determine whether the lens had passed through the wound, or whether it was still in the interior of the globe, and separated from the adjacent parts; neither could the state of the vitreous humor be ascertained. When the supervening inflammation was reduced, and the eye could be opened, it was discovered that the margin of the iris was torn in three places, and that a portion of it was lost entirely. There were now three openings through the iris: one on each side, and one in the middle. It was now presumed, from the appearance of the eye, that the lens had escaped at the time of the accident. It was remarkable that the patient afterwards saw objects in their true position, and that he had not double vision: he saw distinctly with the injured eye when the other was closed. From the malformation of the iris, it would have been imagined that he would have seen every object tripled, and that his power of vision would have been otherwise injured, from the entrance of the rays of light through three pupils, and from their converging to a focus upon three points of the retina. Four years have now elapsed since the infliction

of the injury, and although the eye is rather weaker than the other, the patient sees every object clearly and distinctly. An attempt was made to improve his weakened sight, by means of spectacles, which it was hoped would perform the duty of the lens; but their use was given up, as the patient saw objects double and triple as long as he continued to wear them.—*Gräfe and Walther's Journal*.

BREAKING DOWN CALCULI IN THE BLADDER.

M. AMUSSAT has laid before the Academie Royale some observations upon those cases in which it may be prudent to attempt to break down the calculus in the bladder, and those in which the operation for lithotomy must be had recourse to. If the patient is not nine years of age, the operation will be necessary, as the urethra will not, before that period of life, admit the necessary instruments for breaking down the stone. If the stone is of a large size—if the bladder, the prostate gland, or the kidneys, are diseased; or if any of the vital organs are diseased, and if the patient has for a long time been afflicted with stone in the bladder, the operation of lithotomy will be necessary. The surgeon should only have recourse to breaking down the stone in the bladder when the patient is in good health, and is not seriously affected by the symptoms produced by the presence of the urinary calculus. M. Lisfranc, however, mentioned the case of a child, of seven years of age, in which the stone had been broken down with success by M. Civiale. The same operation had also been performed upon a patient, notwithstanding he laboured under disease of the prostate gland.—*Archives Gen. Jan.*

ORGANIZATION AND FUNCTIONS OF THE SPLEEN.

M. STRAUZ has made some microscopical observations upon the texture of the spleen of an elephant. He could not detect any appearances which are common to the fibrous or vascular tissue. Some of the filaments in the substance of the viscus were about half a line in diameter, and were open; but instead of finding a canal within them, as he had before imagined was the case, he observed that they contained a pulpy matter, similar to that which is seen in

nerves. He hence concluded that the spleen was a plexus dependent upon the ganglionic system of nerves. M. J. Arthaud agrees in the accuracy of M. Strauz's remarks; and, from experiments he has himself made, he draws the following inferences:—

1st. In the vertebrated animals the existence of the spleen is always connected with that of the nervous system.

2d. The spleen is not apparent until the second month of pregnancy; at which period the ganglionic system of nerves becomes evident.

3d. It presents similar alterations to those which are made upon the nervous system, by variation of age; by the degradation of the inferior animals, and by various preternatural formations.

4th. In true æcephalous cases the disappearance of the spleen is a constant occurrence.

5th. Those substances which especially stimulate the nervous system, act very powerfully upon the spleen, which is always tumified by their influence.

6th. The tissue of the spleen preserves in pure water the density which it had acquired by previous immersion in a mixture of seven parts of water, and one of nitric acid; while the vessels which enter into the composition of the organ are softened and become putrid.

7th. Numerous facts lead to the conclusion that an alteration takes place in the spleen; in that class of intermittent fevers which the ablest practitioners have deemed to be nervous affections.

8th. M. A. imagines that he can shew, by experiment, and by facts, from comparative anatomy, that the spleen is nothing more than an electric apparatus, by the agency of which the blood undergoes a particular modification. He promises shortly to enter more fully into this perplexing subject, and also to offer some original observations upon the functions of the nervous system.—*Journ. des Progrès.*

DISEASES OF THE BILIARY DUCTS.

BUT few modern physicians have made these diseases their particular object of attention. Dr. Bouilland has collected many interesting cases. He is of opinion that such maladies cannot, in general, be ascertained during life. Excessive dilatation of the gall-bladder, or obstruction of the ductus hepaticus,

or ductus choledochus, are nearly the only exceptions to this rule. Many pathologists have mentioned hepatic colic as a consequence of the presence of biliary calculi. But none of the patients whose bodies were examined after death, and in whom gall-stones were found by M. B., had complained during life of colic. He imagines that diseases of the bile ducts and liver are frequently aggravated, if not originally induced, by the immoderate use of purgatives.—*Journ. Complementaire, Dec.*

PROCEEDINGS OF SOCIETIES.

HUNTERIAN SOCIETY.

Feb. 27th, 1828.

ARCHIBALD BILLING, M.D. PRESIDENT,
IN THE CHAIR.

ON taking the chair, the president returned thanks for the honour which had been conferred upon him; and made some observations on the advantages of such associations.

The minutes of the former meeting having been read, and the ordinary business completed, the secretary proceeded to read a paper on cholera, by Dr. Tyndal Thornton.

This communication had a more especial reference to the expediency of bleeding in cholera. The author alluded, in the first place, to the pathology of the disease; and described the appearances which usually present themselves on examination after death. He described these appearances as consisting in great congestion, both arterial and venous, in all the viscera; the peritoneal coat of the intestines presenting a beautiful rose colour. The gall-bladder is distended with green bile, and there is a total absence of bile in the small intestines; which, however, are occupied by a very curious secretion, of a colour and consistence resembling very thick cream. This secretion is often found in very large quantity, sometimes so great as to obstruct the calibre of the intestine.

The urinary bladder is almost uniformly found empty. The lungs, and the membranes of the brain, are found in a high state of congestion.

In the treatment, he considered blood-letting necessary, affording the best means of re-establishing the balance of the circulation; but he acknowledged

that it was almost always found extremely difficult to obtain a flow of blood. In some instances, where it seemed otherwise impracticable, the arm was enveloped in flannel, wrung out of very hot water. At first the blood was very dark coloured, but after a few ounces had been drawn it became florid, and flowed more freely. The other measures he considered necessary were calomel, combined with cathartic extract—ten grains of each every two hours; ether, ammonia, and laudanum. The bleeding he considered advisable only in an early stage of the disease; namely, within the first two hours: then, if freely employed, it afforded a fair chance of success.

An interesting case was related, the chief value of which consisted in its showing how far the vital powers may be reduced, without death inevitably resulting, and also how large a quantity of stimulus may be administered without being followed by any bad effects.

The patient was twenty years of age, and was bled within half an hour after the symptoms commenced. The blood flowed freely, and the stream partook partly of florid, partly of purple blood. Eighteen ounces of blood were obtained, although he fainted when about six ounces were withdrawn. Twenty-five grains of calomel were given, followed by a draught, containing two drachms of laudanum, one drachm of spirit of ammonia, and an ounce and a half of brandy. He took half a drachm of laudanum every hour. Cloths wetted with hot water were applied to the epigastrium. Hot brandy and water was given every five or ten minutes, but he continued getting worse. The whole body became cold and clammy; his pulse was imperceptible; his eyes were fixed; and he lay motionless. The breathing was greatly oppressed. Between four and half-past six o'clock, he had swallowed nearly three bottles of brandy, the whole of which was retained by the stomach. At ten o'clock he was considerably better. He took a drachm of compound powder of jalap, and was directed to drink warm conjee-water (a kind of rice gruel.) He progressively improved, and in five days was well, except being salivated.

Dr. Gordon said, that notwithstanding the recovery of the patient, he was not persuaded of the benefit of the lan-

cet. He had had little experience in the treatment of tropical diseases, having only been in the West Indies. Here, however, the large bleedings and violent salivations were less successful than more moderate remedies. He regarded it as a rather curious circumstance, that cholera is usually more rapid in some colder climates than in London. That this is the case in Edinburgh, he had the authority of the late Dr. Gregory, as well as his own observation for believing. In May and June of 1826, a severe form of cholera was prevalent here. Dr. Abercrombie saw some of these cases, and considered them as nearly approaching what he saw in Edinburgh. Observing the disease, as it occurred in the latter city, Dr. Abercrombie, as well as Dr. Gregory, considered venesection as inadmissible. In some instances, a local abstraction of blood might be useful, but otherwise he thought bleeding a dangerous remedy. Calomel and opium he principally confided in.

Dr. Benj. Babington said, that he was at Bangalore at the time cholera was prevalent. Men often died at the end of seven hours. It was not usual to bleed. Calomel and opium were given in large doses. Medical fumigations also were employed. The patient was placed on a truck bedstead, and was exposed to the fumes of essential oils, for the purpose of exciting perspiration. If the cases were brought under treatment early, not more than one in five fell a sacrifice. He found that in Bombay bleeding was regarded almost as a specific.

Mr. Wigan thought that in the case detailed at the commencement of the discussion, the bleeding had been carried too far. He related a circumstance that occurred at an inn on the continent. Four persons were seized with cholera. The landlady administered hot lemonade, made without sugar, in large quantities. In all the four the removal of the attack was very speedy. Aware, he said, that the bile was extremely alkaline in these cases, he thought the practice not unreasonable, and has since repeatedly adopted it with great success.

Various opinions were entertained as to the source of the white matter found in the intestines, and mentioned by Dr. Thornton: Dr. Billing considered it mu-

co-purulent. Mr. Porter thought it was the produce of the rice, taken as food, and the usual article of nutrition with the natives—or a mixture of the food with the intestinal secretion. The disease occurred so rapidly that he thought secretion to such an extent could scarcely take place. Moderate bleeding he had seen useful; and, as an external application, a mixture of nitric acid and spirits of wine was often resorted to with advantage. When bile began to pass, even if ejected by vomiting, it was regarded as a good sign.

Dr. Babington said, that the disease in this country appeared under two forms. The attack his son, Dr. Benj. Babington, had recently suffered, was severe. There was extreme restlessness; the countenance was pallid; the skin cold; the pulse quick; the stools watery, more resembling water gruel or yeast, than feces. Under this character he had seen numerous instances, and scarcely knew a more distressing disease. These circumstances differed from the bilious fever. There was great stomach disorder; prostration of strength; cramps of the extremities; and the bowels acted three or four times in an hour, or oftener. He seldom saw occasion to advise bleeding. He relied on calomel and opium, and the warm bath. When the stomach derangement is got under, a mild aperient, as castor oil, or what the stomach will bear, is useful. In bilious sickness he found the subcarbonate of magnesia very serviceable, when the diarrhoea is not extreme, especially if united with a few drops of laudanum.

MEDICAL SOCIETY OF LONDON.

THE 55th Anniversary Meeting of this Society was celebrated at the London Coffee House, Ludgate Hill, on Saturday, the 8th inst. when medals were bestowed upon Dr. Clutterbuck, Mr. Perry, and Dr. Haslam; on the two former for Essays, and on the latter for his Lectures on the Intellectual Composition of Man.

After the presentations of the medals, the President announced that the question for the Fothergillian medal for March, 1829, was "Asthma;" and that for March, 1830, "The Treatment of Burns and Scalds."

Dr. Burne then delivered an oration

on the "Principles of the Practice of Medicine."

Monday, March 10th.

DR. HASLAM, PRESIDENT, IN THE CHAIR.

AT this meeting Mr. Amesbury replied to the objections which had been made by Mr. Callaway and others to the employment of his apparatus for the treatment of fractures of the thigh.

WESTMINSTER MEDICAL SOCIETY.

March 8, 1828.

MR. ARNOTT IN THE CHAIR.

THIS evening, as we had anticipated, was occupied by the subject of fever. The pathology, however, was this time thrown overboard, and the debate turned more particularly on the treatment. The point which was principally mooted was this:—Whether or no we can cut short a fever, *before* it has yet displayed itself fully, as marked by the fulness of the vascular system, &c.

Dr. Copland, Dr. Barry, and others, argued that fever could be cut short; while the opposite side of the question was stoutly maintained by Dr. Ley.

Mr. Hawkins is to bring forward "The Diagnosis of Hernia," next evening.

MEDICO-CHIRURGICAL SOCIETY.

Tuesday, March 11.

MR. TRAVERS IN THE CHAIR.

THE reading of Mr. Brodie's paper on injuries of the head was continued; after which, a paper on the chemical composition of the perspiration, by Dr. Bostock, was read: the principal interest consisted in the fact of a patient of Dr. Bright's, at Guy's Hospital, having sweated so copiously, as to admit of a very considerable quantity being collected for examination.

NOTICES.

Communications have been received from "Eblanensis"—"An Old Pupil of St. Bartholomew's"—"An Old Pupil of Guy's"—"Dr. Knox"—Dr. A. T. Thomson—"Mr. Rose"—"Mr. Guthrie"—and several other Correspondents.

ERRATA.

Page 410, for "Bruit de rapt," read "Bruit de rape."

In Sir A. Carlisle's paper, for "corion," read "corium."

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[Vol. I.

OBSERVATIONS

ON THE

DISEASES OF THE URETHRA, BLADDER, AND PROSTATE GLAND.

BY B. C. BRODIE, F.R.S.

As delivered by him in his Surgical Lectures.

(Continued from page 397.)

IN the first instance, the enlarged prostate gland acts as any other tumor would act which was contiguous to the bladder, irritating it, and producing a too frequent desire to expel the urine; causing a slight uneasiness, extending in the course of the urethra to the glans, and doing nothing more. But before much time has elapsed, it produces a new and remarkable effect on the bladder; and that to which I allude explains the origin of the greater part of the subsequent mischief, and is the point to which you are chiefly to look as the foundation of your surgical treatment.

The patient loses the power of emptying his bladder. He can void his urine, it is true, and he voids the usual quantity in the 24 hours; but a certain quantity always remains in the bladder. There is a partial retention of urine; the bladder never experiences the relief which is afforded to it when in a state of health, from being completely emptied. A certain number of ounces of urine always stagnate in it, teasing the mucous membrane, and producing the peculiar train of symptoms which I shall presently describe.

The quantity of residuary urine in the bladder in these cases varies very much. In one individual it is not more than two or three ounces; in another it may amount to a pint, or two pints or more. In either case, the patient void-

ing the overplus, seems to make as much water as he usually does when in health. If you propose to him that you should draw off his urine with a catheter, he says, "I am sure there is no water in my bladder—how should there be any? I am always making it—see how much I have made in the last 24 hours."

Under these circumstances, he voids his urine at first, perhaps, every two or three hours; by degrees he voids it more and more frequently; and at last it flows in very small quantities every half hour, or even oftener: the stream is somewhat diminished in size, and it drops perpendicularly downwards, instead of being ejected with force to some distance, as under ordinary circumstances. When the quantity of residuary urine is very great, a pint and a half, or two pints, for example, there is a constant and involuntary discharge of it in drops; the patient's linen and bed are rendered wet and offensive; he loses altogether the comfort of having a bladder, and becomes a miserable object, disgusting to himself and those around him.

Patients who are subject to this partial retention of urine in the bladder, are subject to occasional attacks of complete retention also. After exposure to cold, or in consequence of some irregularity as to diet, a slight degree of inflammation takes place in the already enlarged prostate; the swelling is thereby augmented, and no urine flows. The introduction of the catheter gives relief; the additional swelling subsides, and the patient again voids his urine by his own efforts, until a repetition of the same causes produces another attack of complete retention.

At first, in these cases, the urine is

clear and healthy in appearance. But there are two causes constantly operating so as to irritate the mucous membrane of the bladder: first, the tumor of the prostate, which projects in the cavity of that viscus; secondly, and principally, the residuary urine by which it is always loaded. Chronic inflammation is set up in the mucous membrane: at first a small quantity of mucus is secreted by it, causing the urine to be a little turbid; by degrees mucus is generated in larger quantity—such mucus as I formerly described in speaking of chronic inflammation of the bladder—ropy and adhesive, separating as the urine cools, clinging to the bottom of the chamber-pot; alkaline, and when secreted in large quantity, imparting its alkaline properties to the whole of the urine.

As these symptoms proceed, the patient complains of an uneasy sensation in the lower part of the abdomen and neck of the bladder, and of pain especially after making water, extending to the perinæum, and along the course of the urethra to the glans; and not unfrequently the urine is tinged or streaked with blood.

The disease may exist for a great length of time, (which however varies, of course, in different cases,) before it produces symptoms beyond what have been described. But, sooner or later, still more extensive mischief shews itself. Abscess forms in the substance of the enlarged prostate. Then the patient complains of uneasy sensation about the hips and pelvis, extending down the thighs. The pulse becomes somewhat accelerated; there are slight occasional chills, and sometimes one or two severe rigors. I have known such symptoms to continue for several months previous to the abscess giving way. When at last it bursts, it is generally into the bladder, and the next portion of urine which is voided is found to be loaded with pus and blood; and it deposits pus in smaller quantities afterwards. Sometimes the abscess bursts into the urethra. A gentleman had had symptoms indicating suppuration of the prostate for a great length of time. I was present when he was introducing the elastic gum-catheter for himself. In his attempt to do so, I suppose that the point of the instrument came in contact with the thin parietes of the abscess, and that they gave way

in consequence; not less than half a pint of pus being immediately discharged, unmixed with urine, by the urethra. Sometimes the abscess bursts into the rectum: and occasionally, but very rarely, it makes its way to the surface of the perinæum.

Ulceration of that portion of the prostate which projects into the cavity of the bladder, occurs sometimes in the advanced stage of the disease. The symptoms of such ulceration are horrible. When a few ounces of urine are collected in the bladder, that organ contracts spasmodically, and involuntarily, with excessive pain, so that the patient can scarcely resist screaming. You introduce a gum-catheter; this gives great pain at the moment, and there is pain for some minutes afterwards: but then there is an interval of ease, until a few ounces of urine are again collected in the bladder. In some instances the patient, under these circumstances, may die exhausted, in the course of two or three weeks: in other instances, he may live in misery for twelve months; but there is never any actual recovery when the prostate is ulcerated.

A prostate which is extensively ulcerated is liable to bleed: and so is a prostate which is not ulcerated, or ulcerated only to a very small extent. Hæmorrhage may take place from an enlarged prostate, as from any other tumor. Generally the hæmorrhage is in small quantity; but sometimes it is abundant and alarming. A gentleman laboured under disease of the prostate. He was in the habit of introducing a gum-catheter for himself. One evening, he observed that blood flowed through the catheter with the urine. In the course of the night he called me up, and I found him with the bladder enormously distended, prominent in the belly as high as the navel, and blood still flowing from the urethra. I introduced a large catheter, but no urine flowed. The bladder was distended, not with urine, but with blood. I directed my patient to be cupped, and to remain quiet, and the hæmorrhage ceased; not, however, until an enormous quantity of blood had been lost. The catheter was afterwards passed three or four times daily; the blood, by degrees, became dissolved in the urine, and, after two or three weeks, the urine was as clear as it had been

before. But the pulse was frequent, the skin hot, the tongue dry and brown, and the patient survived the hæmorrhage only a month. On examining the body after death, I found the mucous membrane of the bladder extensively inflamed; a large tumor of the prostate projected into the bladder, and it appeared to me that I could discover the spot in which the vessels of the tumor had given way, and from whence the hæmorrhage had proceeded. I have seen many other cases of hæmorrhage from the prostate. I had one patient, in particular, who had two attacks of hæmorrhage from the prostate, even to a greater extent than in the case which I have related; but from both of which, under the treatment that was employed, and which I shall describe hereafter, he recovered.

The circumstances which I have hitherto mentioned, may occur even where the patient has attended to his complaint from the beginning, and has been the subject of the most careful and judicious treatment. But in neglected cases, other and greater mischief follows. Chronic inflammation extends from the mucous membrane of the bladder along the ureters to the pelvis, and infundibula of the kidneys. Those changes take place in these organs which I endeavoured to describe when speaking of chronic inflammation of the bladder, and I need not repeat now what I formerly said on this subject. The case is now beyond the reach of any effectual assistance. The patient may linger for weeks, or months; but he does but linger. The pulse becomes frequent; the tongue dry and brown; there is a feeling of lassitude and depression; want of appetite; frequently rigors. The urine not only deposits ropy mucus, but it is voided of a brown colour; of a putrid and offensive odour; and these symptoms go on from bad to worse;—the patient becomes more and more exhausted, until the last spark of life is gradually and slowly extinguished.

In all cases of enlarged prostate the muscular tunic of the bladder becomes increased in thickness and strength. The reason of this is obvious. The bladder has been called on to make unusual efforts, and all muscles under these circumstances are increased in bulk. The mucous membrane frequently becomes protruded through the

triangular spaces between the muscular fibres, forming pouches or cysts similar to those which I mentioned as occurring in some cases of stricture of the urethra. In some instances inflammation extends from the bladder to the atmosphere of loose cellular membrane, by which it is surrounded. Lymph is deposited in it, and sometimes collections of pus are found on the outside of the bladder. These things, however, are not peculiar to cases of diseased prostate: as I have formerly observed, they occur equally where there is chronic inflammation of the bladder arising from stricture in the urethra, or stone in the bladder, or where it exists as an idiopathic disease.

Patients labouring under a chronic enlargement of the prostate are especially liable to stone in the bladder. If a small calculus be formed in the kidney, and descends from thence into the bladder, under ordinary circumstances it is voided with the urine. But if the prostate be enlarged, and especially if there be, as there generally is, a tumor projecting from it into the cavity of the bladder, such small calculus cannot escape. There is a valve, as it were, by which it is prevented entering the orifice of the urethra. It lies in the bladder, and increases in bulk, and adds much to the catalogue of the patient's sufferings, as well as to the actual danger of his case.

There is another way in which the patient with enlarged prostate is rendered liable to stone in the bladder. When the urine is much loaded with alkaline mucus, the triple phosphate of ammonia and magnesia is deposited in the form of a substance like mortar. Much of this may be voided with the urine and mucus, but some remains behind. The small portions of the triple phosphate, which lodge, as it were, in the bladder, are so many nuclei, on which fresh calculous matter is deposited; and thus there is at last a considerable collection of calculi in the bladder. I say calculi, for in these cases there is never, as far as I have seen, a single calculus, but always several small ones. Calculi, formed under the circumstances which I have last described, are composed of the triple phosphate throughout. There is no nucleus of lithic acid or oxalate of lime in the centre, and they are usually of an irregular figure.

In some cases of chronic enlargement

of the prostate, where the disease is of long standing, there is a remarkable diminution of the secretion of urine. I had a patient who for a long time had not voided more than the half of a pint of urine in the 24 hours. Sometimes the secretion of urine is completely suppressed. I attended a gentleman, about 70 years of age, with disease in the prostate. I had instructed him in using the catheter for himself, and he drew off his urine regularly. Some months after I first saw him, he observed that he drew off less urine than usual; and that the whole quantity of urine secreted in the day and night was much diminished. There was no distension of the bladder. The catheter entered the bladder readily, and drew off whatever urine there was there, but that was very little. At last the urine was reduced in quantity to 3 or 4 ounces daily, and I believe to less. Now another order of symptoms began to show themselves. The legs first became œdematous: this was followed by difficulty of breathing: the patient was almost suffocated, except when his shoulders were very much raised by a number of pillows under them. Then he became drowsy; afterwards comatose, with dilated pupils. There were all the symptoms of effusion of fluid into the chest and ventricles of the brain, and with these symptoms he died. I have no written notes of the case, but if my recollection be accurate, not above ten days or a fortnight elapsed from the time when the secretion of urine was first observed to be diminished, to the day of the patient's death. Unfortunately, the relations would not permit the body to be examined.

I attended a case which may throw some light on the one which I have just related, in conjunction with my friend Mr. Stanley. We had some difficulty at first in determining whether there was actually a suppression of the secretion of urine in the kidneys, or a retention of it in the bladder: and this difficulty was increased by the circumstance of the patient being unusually corpulent, so that even if the bladder had been a good deal distended we should have had difficulty in feeling it above the pubes. At last, however, we satisfied ourselves that the bladder was empty, and that the catheter drew off no urine, because there was none to be drawn off. The patient died, and Mr. Stanley examined the

body. He found a growth of medullary fungus immediately behind the internal orifice of the urethra, projecting into the bladder, and extending to the orifices of the ureters. It seemed that this disease, at the termination of the ureters, had impeded the flow of urine into the bladder from the kidneys, both ureters being much enlarged and distended with urine through their whole extent. The kidneys were very soft and vascular, but contained no urine.

[To be continued.]

LECTURES AT THE ROYAL COLLEGE OF SURGEONS.

BY MR. CHARLES BELL.

ON Tuesday, the 11th of March, the Lectures at the Royal College of Surgeons were commenced by Mr. Charles Bell: of these it is our intention to give a brief abstract.

LECTURE I.—Mr. Bell began by observing that as he had, on a former occasion, shewn the proofs of design in an animal body, by instances of mechanical perfection in the solids, he would now illustrate the same in a different manner, by recalling to the recollection of his audience the various endowments of the living frame; and, in the first place, the distinctions of the sensibilities of the different parts.

He described the sensibility of the skin, contrasting it with the defective sensibility of the internal parts. He shewed the sensibility to heat to be an endowment peculiar to the skin, and proved its necessity for preserving the temperature of the body. He instanced the various sensibilities of the surface to contact, burning, cutting, and pricking, which are sensibilities suited to external impressions, and guards against the dangers from without.

He then shewed that, for the protection of the frame, a power was necessary to save us from internal violence, as well as external pressure; and referred to the peculiar sensibility of the ligaments and tendons. Mistakes have arisen from experiments which, in contradiction to common sense and common experience, had taught physiologists to believe that these were totally insensible. He shewed that they were only insensible as compared with the peculiar sensibility of the skin,

but had the endowment, like all other parts, suitable to their functions, permitting free exercise, and yet restraining a dangerous excess.

Mr. Bell next referred to Harvey's observation on the young nobleman's heart, which, being exposed during life, was found to be insensible to touch; and then he proceeded to shew, in a very felicitous manner, the heart to be, notwithstanding, the most susceptible, and therefore the most sensible part of the whole frame; influenced by every variation in the position, sympathizing with the morbid conditions of the body, and according with every emotion in the mind.

After some farther illustrations, he drew the inference that pleasurable sensations were employed when it was compatible with the function, but that pain was necessary whilst we were in a condition exposed to injury, that we might be roused to make exertions for the safety of the body, and for the continuance of health.

The second part of the lecture was taken up in considering that influence of life by which the material of the body is continually undergoing certain changes; there being a constant decomposition and reproduction of the minute parts. Here, while discussing the purposes served by this law of the economy, he objected, but with modesty, to the language of Mr. Hunter, which gave qualities to the body that could only, with propriety, be referred to the mind; and he concluded that, after the delicate instrument of animal structure was composed, this property of continual change and renovation of the particles was the only means by which disease could be thrown off, or the injured frame be restored.

The third division of the lecture was occupied with the mutual influence existing betwixt mind and body. We regretted to see the effect of this part injured by compressing so important a subject. He alluded to the effect of strumous disease in quickening, to an extraordinary degree, the mental powers of children; and drew a picture of extreme old age, much dissatisfied apparently with the conclusion which some have deduced from it, that as the powers of the mind grew with the powers of the body, so they decayed and were extinguished with it. He gave some happy illustrations of the neces-

sity of certain motions in the body for developing the powers of the mind, which notwithstanding no one could believe, were dependent upon the organization of the parts. These instances were, articulate language, as necessary to reason—and expression of the body, as necessary to passion.

His conclusion on this head was—that in the unbiassed evidence of our profession there is nothing to dash the hopes entertained by the wise and good, from the contemplation of man's condition in all his various relations.

LECTURE II. — In the commencement of his second lecture Mr. Bell dwelt on the advantages of emulation. He said it was consistent with our admiration of individuals and our liveliest feelings of friendship: far from being allied to envy or illiberality, it was the means of expelling them. He showed its utility in the schools of London: and those feelings of distinction giving rise to rivalry among the different schools in the British empire, were the means of preserving an activity superior to what took place in countries where there was a greater uniformity of feeling. He described the schools of the Hunters and their immediate pupils. Although checked by the presence of many of these gentlemen, he had pleasure in saying, that in proportion to the value of their services in the improvement of surgery, were they ready to acknowledge their obligations to John Hunter.

"You can imagine," said the Professor, "what are my sentiments, when I hear it said that pathology, the foundation of all knowledge in medicine and surgery, has arisen and been perfected within the last twenty years."

In advocating the superiority of the English school, he was but paying a just tribute, which he, and all who heard him, owed to the great men who had preceded them; whilst it would tend to preserve the proper emulation between the schools of Great Britain and those of the continent.

The particular subject of his lecture was the cellular membrane. He first described its universal distribution. He traced it into every part of the body, into the brain and eye as well as into the bones and muscles. It was cellular, for the purpose of giving freedom of

motion, and each cell was formed with as perfect a provision, and as perfectly lubricated, as the heart purse itself. He illustrated this subject with the different kinds of emphysema, the infiltration of fluid in anasarca, the extravasation of blood in thrombus. He then defined membrane, and dwelt upon its having no termination. He spoke of the opinion of the Greeks, who traced all the membranes from those of the brain; and of the fancy of Bichat, who traced them from the periosteum. He stated, that in this country the membranes had always been a subject of great interest. On the continent the notions of Haller about the elementary fibre, the visible fibre, and of the interweaving of that fibre, to constitute the solids of the body, had too much prevailed. He objected to the term tissue. It implied strength by interweaving, but there was neither warp nor woof in the texture of an animal body: if he were to attempt the explanation of the expansions of the body by any thing manufactured, he would say, they resembled more the rude attempts of the savage to form matting, by agglutinating the fibres, than any thing that was like a weaving or tissue. He proceeded to show that what appeared fibrous was in reality membrane. The tendo Achillis could be made by maceration as loose as the cellular membrane under the skin.

He said, the principle he wished to illustrate was this, that instead of attending exclusively to the minute distinctions of tissues, they should attend to the influence of the living power; which could, even in a night, resolve these tissues, and present them in a totally different character. To illustrate this, he first traced the throwing out of coagulable lymph in its different stages. 1. It is a fluid. 2. A solid. 3. Organized. 4. Consisting of cellular texture. 5. That cellular texture becomes as dense as the firmest ligament of the natural body.

The next illustration began with the description of the beautiful apparatus of a joint. After dwelling upon it, he said, on what does the perfection of all these tissues depend? He would refer to their own familiar knowledge: suppose that joint ankylosed, stopped in its motion, there is an immediate degeneration of all its parts into mere cellular membrane.

Another illustration he gave was of a

fractured bone becoming a joint, in consequence of too free motion, when cartilage and ligament, and synovia and bursæ were formed out of the cellular membrane.

He gave the instance of the head of the humerus thrust between the ribs, where it wasted away, as related by Larry. From these he drew this inference, that, according to the favourite view of Mr. Hunter, the natural action of a part was its stimulus to perfect growth: that from the cellular membrane, aided by additional secretion, all those parts which the French call fibrous, could be formed: or, again, by taking away the stimulus of their natural function, that they would degenerate, however perfect they were, into the common cellular texture. From this view he deduced the conclusion, that it was of much more consequence to study the pervading influence of life, which could so quickly accommodate the textures of parts to their proper uses, than to stew and macerate, and minutely examine with the glass, the substance of the body under the distinction of tissues. And, accordingly, this important practical aphorism was deduced—that whilst there is not absolute ankylosis of a joint, we can by friction, passive motion, and exercise, reinstate it.

Returning to the cellular texture, he showed how important these principles were in explaining the changes which took place in the cellular texture and aponeuroses in hernia; and how very remarkable were the effects of pressure and inflammation in forming the sac of an aneurism. He referred here to the works of Dr. Munro, more particularly to the Paper of Dr. Hunter, in the Medical Observations and Inquiries; and to Mr. Hunter's work on the blood; and lastly, to Dr. Carmichael Smyth's Paper, in the Medical Communications.

The next division of the lecture was taken up in discussing the distinctions between the mucous and the serous membranes. He said it would hardly be believed by a well-educated surgeon, but the fact was, that many of our students conceived that when they were conversing on these matters they were proceeding on the physiology of the French; whereas this subject had been early and fully treated of by our great English authorities. Who, said the Professor, has better explained these subjects than Mr. Hunter; the

distinctions of the membranes resulting from the difference of their secretions; the peculiar qualities of these secretions; as suited on the one hand, to the condition of the shut sacs, as Munro termed them; or, on the other, to the several canals of the body: for the first, serum was necessary, because it must be absorbed; for the second, mucus was requisite, because, instead of being absorbed, it might be thrown out by the emunctuories. But, he added, for what advantage were these distinctions without the further explanations of Mr. Hunter, concerning inflammation by continuous sympathy? He here touched upon the penetrating wound; its mortal nature; unless, when by the happy liability of the serous membranes to inflame and adhere, they quickly closed the cavity. He contrasted the mucous membrane with the serous; showing that if it had possessed the same disposition to adhere, inflammations of the passages, which are only attended with a more copious flow of mucus, would have been followed by fatal strictures. He added to these, the ingenious observation of Mr. Hunter on fistulæ, and the sacs which surrounded foreign bodies; the one resembling the natural mucous membranes, the other the serous membranes.

He then referred to the views of Dr. Carmichael Smyth; which, though not distinguishable in any material respect from the opinions propagated by the Hunters, and to be fairly considered as emanating from that school, yet deserve attention on this account, that they appear to be the foundation of the doctrines of the modern French school; for when Pinel boasts of having anticipated Bichat, the paper of Dr. C. Smyth anticipates them both.

It was, however, to the peculiar doctrine maintained in this paper that he would now direct their attention:—that similarity of structure is attended with similarity of morbid action. Taking the example of the skin, is there any thing, Mr. Bell asked, to warrant this conclusion? If similarity of tissue does produce similarity of morbid actions, whence arise those almost infinite varieties in the cutaneous diseases? There is no objection to attending to the structure, but when this has added to it the force of an hypothesis or system, it carries the student away from things of much greater importance.

The skin, in its action, is vicarious with the internal parts; the secretion of urine; the respiration; the action of the liver: it is combined in close sympathy with the stomach and bowels. In short, what is the circle of the economy, if it does not mean the dependance of one organ upon another, for the due performance of its office. In the various connexions, therefore, of the functions of the skin, you have the explanation of its various morbid appearances; and it is to the study of the general economy that we owe the rationale of the cure of cutaneous diseases.

He took then the instances of the membranes of the eye; the ligaments around a joint; the cellular membrane of a muscle; and he asked, if in these the principle held good that the tissue explained the nature of the inflammation; and if so, how were the various effects of phlegmonous, scrofulous, rheumatic, or syphilitic inflammation, affecting the same part, reconcileable to this theory? He was of opinion that the study of tissues, instead of the properties of a living system, drew the pathologist from the points of main enquiry: and now it was a common thing to find physicians, instead of observing how the life might be influenced, and general morbid action be set up in the system, looking out for local causes of the general disorder: and whenever, as it most commonly occurred, the general affection of the system concentrated itself, and fell upon an individual organ, and the tenderness of the organ declared that it was diseased, they pointed to this as the triumph of their system: and looking upon the consequence of the general disorder, they applied their remedies exclusively to that part.

In concluding the Professor said, that an English lady abroad, not satisfied with being disfigured by the French fashions of the season, and resolving to lay in a store of contrabands, wrapped Parisian silks and Brussels lace around her limbs. When she came to the shores of England, and under the examination of our officers, they regretted the trouble she had taken, and informed her that she had brought home British goods again. He sometimes thought that his young friends, on returning from France, bore some resemblance to this encumbered lady; only that the prejudices of the mind were more difficult to cast off than the swathings of the

body: they brought from foreign parts that with which they might have been better furnished at home. He regretted to see young men going abroad so imperfectly educated as to give no favourable impression of their country, and, therefore, insuring for themselves an unfavourable reception. It required a man to know what were the opinions at home, in order to profit by opportunities abroad: to go abroad for the elements of their knowledge, was to leave their country in ignorance, and the necessary consequence was, that they returned in prejudice.

LECTURES ON EXPERIMENTAL PHYSIOLOGY.

BY M. MAGENDIE.

Seventh and Eighth Lectures.

THE Professor fixed the attention of his audience upon the weakness of the anterior parietes of the heart, near its point, compared to the remarkable muscular power of the rest of this organ. He attributes this want of thickness to the circumstance of the pressure of the blood, during the contractions of the heart, being exerted with more force against that part, which, from its situation, is placed opposite to the origin of the larger arterial trunks; and he thus explains the formation of those partial aneurisms which are sometimes met with in this region, and of which Talma's heart afforded an example:—In some instances, the anterior parietes of the point of the heart are so thin, that it might be said to be formed only of the internal membrane fixed to the pericardium, without the intervention of any muscular fibres; and that the blood might insinuate itself between these two membranous folds when the former becomes either ulcerated or torn. He exhibited the heart of an old woman, in which a bloody infiltration in the adipose tissue, which surrounds the anterior coronary vessels, might be remarked.

According to M. Magendie, the auricles only contribute to the circulation by their contractions. It is often observed, especially when the animal has much blood, that they are greatly distended, and remain so for a long time without the circulation appearing to suffer, and also without their presenting any other movement than a trifling

irregular contraction from time to time, which interrupts their excessive distention. This fact is established; many authors in the time of Harvey observed it: it had been forgotten, and we had become persuaded that the contractions of the auricles were invariably alternate with those of the ventricles. It is chiefly in the right auricle that these prolonged distentions are to be observed. M. Magendie explains this circumstance as arising from the muscular power of the left ventricle being greater, and forcing necessarily more blood into the veins and right auricle, than the right ventricle is able to force into the left cavities. This explanation, however, has its weak points: the fulness of the right auricle in the dead body depends, as Bichat has shewn, upon the kind of death; it is, in general, less considerable in the bodies of those who die of hypertrophy of the left ventricle only, or of disease of the heart itself; nevertheless, in those cases, the two ventricles cease to beat at the same time. On the contrary, in ordinary cases of death, in 19 persons out of 20 the left ventricle ceases to beat some time before the right auricle and ventricle, and on this account these are more distended. Some are of opinion that there never is, nor can be, immobility and distention of the auricles but in the case of obstruction to the pulmonary circulation, which pain and exhaustion always produce.

Experiment First.—A young rabbit was brought in: M. Magendie laid bare the jugular vein; it exhibited that kind of beating or trembling which has been called the *venous pulse*. According to the Professor, this motion is communicated to the vein by the right auricle; but as this was not exposed, it was not possible to say whether it contracted at the time; but we observed with precision that the animal's respiration was irregular, and that it made several efforts to escape when the venous pulse was strongly marked, and that afterwards, being liberated, it breathed more easily, and that the jugular vein no longer trembled or beat.

Experiment Second.—The jugular vein of a dog was laid bare for the extent of about two inches: during the struggles which the animal made, the vein swelled a good deal, but without shewing regular pulsations. During the deep respirations which followed these efforts, the vein was filled and

emptied alternately by sudden gushes, and with great rapidity. To augment the plethora, and render the results more apparent, eight ounces of water were injected into the jugular; the carotid artery was laid bare, tied at its upper part, and then punctured with a lancet below the ligature: the animal did not struggle, he breathed freely, and the jet of blood was as regular and moderate as usual; the eighth pair of nerves was pinched, great agitation and violent struggles immediately succeeded; at each of these efforts, and at the very moment in which they were made, the jet of blood acquired so much force as to be thrown at least a foot higher than before.

Experiment Third.—Such is the influence of these struggles upon the arterial circulation. To prove that which they exercise upon that of the veins, through the capillaries, M. Magendie tied the punctured carotid, to preserve the blood and life of the animal; then he laid bare the jugular vein on the other side, and punctured it with a lancet: the animal made no efforts, and a small arched jet of blood only was seen; the pneumogastric nerve was pinched; immediately violent struggles ensued, and the blood was projected to four times the original distance. M. Magendie concluded, from the above two experiments, that during the struggle (and in a less degree during expiration), the heart and the large vessels were strongly compressed, from whence arose the increase of the arterial jet, and, consequently, that of the veins, more forcibly pushed on *a tergo* by the column of arterial blood. It ought to be observed, that the Professor did not demonstrate this alleged compression of the heart and its appendages; that no author has yet stated that he has seen it; and that M. Magendie himself, in a former lecture declared, that a compression of the heart, even when not very strong, is constantly mortal. It may be concluded, that a compression so sudden and so forcible as that which would be necessary to throw out the blood by the arteries, with an increase of energy so marked as it was during the struggles, would necessarily have stopped the pulsations of the heart, and would have caused immediate death; therefore, that there is no compression of the heart during expiration. It is to be regretted that

this cannot be directly proved. M. Magendie, however, does not restrict himself to the above explanation; he thinks also, with Haller and others, that the pressure exercised upon the abdomen, by the contraction of the abdominal muscles during expiration, directly causes a reflux of the venous abdominal blood into the right auricle, from whence it flows again into the jugular. He founds this opinion upon the following.

Experiment Fourth.—The subject of this experiment was a middling-sized dog. The jugular vein laid bare, opened by means of a puncture, produced an ordinary jet of blood; the animal made no efforts, and, consequently, did not compress the abdomen by the contraction of its muscles. To supply this deficiency, M. Magendie compressed this part with his hand, and we expected to see the stream of blood suddenly increased; but, contrary to custom, it did not become augmented. According to the Professor, there might be a valve at the opening of the jugular vein resisting the reflux; but not satisfied with this explanation, the animal was still attentively watched; the breathing was tranquil; and there were no struggles made. After a few minutes rest, the animal was again exposed to same pressure on the abdomen, and now the jet of blood was augmented greatly; but he struggled violently, and each increase in the stream of blood corresponded with one of these efforts. It is doubtful whether M. Magendie remarked this, as all his attention was directed to the artificial pressure of the abdomen, which he looked upon as the sole cause of this phenomenon.

Experiment Fifth.—The jugular vein of a large dog was separated from the neighbouring parts, tied at the upper part, and cut below; the end attached to the auricle which remained at liberty, emptied itself during this operation; nevertheless, the animal continued to respire, and even struggled a little, but no more blood escaped from the vein, notwithstanding. The result has always been the same whenever M. Magendie has laid bare, tied, at its upper part, and then opened the jugular vein, with the intention of injecting some fluid into it. The professor, holding the loose end of the vein in his hand, introduced a metallic tube through it, into the auricle. The following circumstances were remarked: at

each effort made by the animal, or at each compression made upon the abdomen with the hands, the blood rose in the tube, but did not overflow it, and again re-descended the moment that either the effort or the compression ceased. But what a marked difference was there between this feeble, oscillatory motion, and the strong projection of the blood from the vein simply punctured, (*Experiments 3 and 4*) in spite of the difference in the size and vigour of the dogs! M. Magendie, astonished no doubt by the weakness of this reflux, withdrew the metallic tube, and replaced it by one of elastic gum, of a smaller calibre, to the depth of more than six inches, and consequently into the inferior vena cava. The animal was excited, and struggled violently. At each effort the blood ran out of the external opening of the instrument, not to the distance or height of two or three feet, as in the 3rd and 4th experiments, but only to the distance of from four to six inches, running over, rather than jetting forth in an arched stream, even when the abdominal pressure was carried to the utmost. During the agitation of the animal some bubbles of air entered the elastic tube, even into the heart. Immediately difficulty of breathing, agitation mixed with stupor, cries, and apparent death, ensued in about four minutes: the air thus drawn in, was sucked out by means of a tube, placed in the vein, and by degrees the animal revived, and walked about quietly some time after. It results from this experiment that, in the natural condition of the jugular vein, with respect to the right auricle, whether there is or is not a valve at the mouth of this vein, the pressure of the abdomen by the efforts of the animal, or by other means, cannot cause the blood to flow from the auricle to the vein against its natural course; that it flows back a little when an inflexible tube establishes an artificial communication between the vein and the auricle, that the reflux is more considerable when the tube introduced deeply causes a direct communication between the vena cava inferior and the jugular, and finally that the extraordinary increase in the arterial and venous circulation, during the efforts made by the animal, arise from causes quite distinct from pressure of the heart, and a reflux of blood contrary to its natural direction: it would not be difficult to

prove, that these modifications of the general circulation, in such circumstances, are immediately derived from the alteration produced by these efforts on the pulmonary circulation. It may be necessary to observe, that this is no more owing to the movements of the chest than of the abdomen. One fact alone proves this: if you observe a performer who is thin whilst singing, the jugular veins swell with rapidity: observe her, when with repeated and energetic movements of the chest she acts a part expressive of profound affliction, her jugular veins are scarcely apparent. In singing there is an effort; there is (what does not take place in large and full respiration, however frequent); a prolonged maintenance of a greater mass of air than ordinary in the bronchi; a modification of the pulmonary circulation, and consequently of the general circulation. The labours of M. Magendie, respecting the influence of respiration upon the course of the blood, have no doubt greatly tended to clear up this question. In shewing, even by the experiments of this celebrated physiologist, that this question is not yet quite solved, a useful lesson is given—Not to draw conclusions too hastily, and to be upon our guard against the authority of opinions, often but weakly founded, which are received in the schools.

INFLAMMATION OF THE TESTICLE.

To the Editor of the London Medical Gazette.

SIR,

IF you think the following cases, which are intended to illustrate those stages of gonorrhœa, in which affections of the testicle are most apt to occur, not unworthy of a place in the Medical Gazette, you will oblige me by inserting them.

I am, Sir,

Your most obedient Servant,
THOMAS ROSE.

Park-Place, March 8, 1828.

CASE I.—A young gentleman became affected with gonorrhœa in the beginning of last October, which soon assumed a very severe form. After an ineffectual trial of the cubebs, he placed himself under my care. This took place on the 17th of October, at which time he was

labouring under symptoms of inflammation, which had extended along the whole of the mucous membrane of the urethra, attended with a copious discharge, and severe ardor urinæ. I directed him to be cupped on the loins and perinæum; to observe the strictest antiphlogistic regimen; drink copiously of diluents, with gum arabic, and carbonate of soda; use frequently the tepid hip-bath, and confine himself to his sofa or bed. After a week, he experienced a frequent desire to make water, which he passed in small quantities at a time, and with a good deal of straining, in expelling the last drops: he was again cupped; directed to continue the same plan of diet and medicine, with the tepid hip-bath. He was again cupped, and he took opiates, in the form of Dover's powder, which afforded him considerable relief. On the 28th of October he complained of pain in the cord of the right testicle, a short way within the ring, where he could not bear the slightest pressure. Leeches were freely applied, but the pain gradually extended itself along the cord, towards the testicle, which, after 24 hours, began to swell. Though very active treatment was pursued, the swelling of the testicle gradually increased; and on the 31st it had attained the bulk of a large lemon, with much induration, especially of the Epididymis.

No change whatever in the state of the discharge from the urethra could be perceived to have taken place on the occasion of this new symptom. That discharge, slowly, but gradually, subsided under the usual remedies, as did also the swelling of the testicle; though it was long before he was altogether free from a thickened and indurated state of the Epididymis and cord.

CASE II.—A gentleman had an attack of gonorrhœa a little before Christmas, which was attended with the usual symptoms, in rather in a severe form. It was treated by alkaline diuretics in the first instance, and afterwards by balsam of copaivi. In the end of January no symptoms remained, except an occasional, and very slight, transparent mucous discharge, which, on the 3d and 4th of February, was so inconsiderable, that he thought himself perfectly well. He had continued the copaivi, of which he was taking 50 drops, 3 times a-day. On the evening of the 4th of February, without any obvious cause,

he was suddenly seized with severe pain, and swelling of his right testicle, accompanied with pain in his back. He had taken no exercise either on that or on the preceding day, and very little for several days before; and he had been rigidly attentive to his diet. The inflammation and swelling of the testicle continued for nearly a fortnight, and yielded to the usual means. He had no relapse of the discharge.

CASE III.—A gentleman, about 30 years of age, who had repeatedly been affected with gonorrhœa, was attacked with the symptoms of that disease in April last. On all the preceding occasions he had suffered from inflammation of the testicles, and was in continual dread of such an occurrence from the moment when his illness began. I saw him, for the first time, on the 12th of April, which was the day after he had begun to observe the discharge. Inflammatory symptoms came on with some severity, but they were not particularly violent. He had fulness of the glans penis; heat and pain in making water; a thin puriform discharge, and tenderness along the urethra, nearly up to the scrotum. He was cupped, and took saline aperients, with soda and gum arabic; and he kept himself on a very low diet, and perfectly quiet.

On the 21st of October, the symptoms, which on the preceding days had appeared more moderate, became aggravated; the ardor-urinæ increased, and the pain was felt somewhat further along the urethra. On that night his left testicle suddenly began to swell, with such severe pain, that although on the 21st his pulse had been soft and quiet, it was found, on the morning of the 22d, upwards of 120, and full and hard. He had at the same time severe head-ache; a hot-skin; and a brown-furred tongue. I bled him to 24 ounces from the arm; and though leeches were freely applied to the testicle, and he was not apparently of a very plethoric habit, the continuance of general symptoms of inflammatory fever obliged me to take away twelve ounces more of blood from his arm on the 23d.

The testicle had by this time acquired a large size, and was still very painful. The second bleeding gave considerable relief. On the 28th the testicles had a good deal subsided, and the febrile symptoms had left him. On the night of that day the other testicle became

suddenly affected in the same manner. This attack was attended by the same local pain and constitutional disturbance as the former, and required similar, though less severe, depletion. Both testicles were long of returning to their natural bulk; and several months afterwards the epididymis of each was somewhat indurated. On the attack of inflammation coming on the first testicle, viz. on the 22d and 23rd of April, the discharge from the urethra obviously greatly diminished, along with the pain, on making water, and the tenderness on pressure. Some purulent secretion, however, continued. This was not afterwards observed to increase as the left testicle improved, nor to be affected by the attack coming on the right.

In considering these three cases, it appears obvious that this last is the only one in which the inflammation of the testicle can be regarded as produced by metastasis of the diseased action from the urethra. As far as my experience goes, this form is the least frequently met with, although, by most systematic writers, a suspension of the discharge from the urethra, and a subsequent return of it, are pointed out as the general accompaniments of the inflammation of the testicle.

In the second case the swelling of the testicle must be referred to some peculiar sympathy. It came on at a period when the patient thought himself well; and this appears to me to be the most common period for its occurrence. If injections are employed for the cure of the discharge, the swelling of the testicle is often ascribed to a pernicious effect produced by them; but the late Mr. Pearson observed, that it was as frequent where the cure was conducted without them: and in this my experience coincides with his.

It is probably from very little, or no discharge being present in these cases, when the testicle swells, that it is so generally believed that a sudden stoppage of it occurs when this swelling commences; so that it has even been recommended to endeavour to re-produce it, by the introduction of some irritating ointment into the urethra.

In the first case, the affection of the testicle most obviously depended on the inflammation, extending from the parts about the neck of the bladder, along the vas deferens; and its progress was distinctly marked. I have seen this form

of the disease not unfrequently, though not always so strongly characterized.

WATERY CYSTS.

To the Editors of the London Medical Gazette.

GENTLEMEN,

THE cases recorded in a late number of the Gazette, by Mr. Brodie, of the successful puncture of "Cysts containing a watery fluid, apparently connected with the liver," brought to my recollection a case which came under my care 15 years since; and having found it amongst my notes, I take the liberty of transmitting the particulars of it to you, for insertion in the Gazette.

I am, Gentlemen,

Your obedient servant,

ANTHONY TODD THOMSON.

3, Hinde-Street, Manchester-Square.

In the summer of 1813, I was requested to see the apprentice of a baker in Chelsea, who was supposed to be labouring under hepatitis, for which he had been twice salivated; once in an hospital, and again under the direction of a general practitioner. The boy was about 14 years of age, rather short in stature, of a sallow complexion and sickly appearance. He complained of no acute pain, and said he had never felt any; but he experienced considerable difficulty of breathing, and could obtain no sleep except in a nearly erect position. He ascribed this inconvenience to "a swelling at the pit of the stomach," to use his own words, "which had been coming for upwards of two years."

On examining the tumor, I found that it was situated under the margin of the ribs, towards the right side, and protruded forward in a pyramidal shape, nearly the size of the human fist. It was tense and elastic, and afforded indistinct indications of containing a fluid. Although sallow, yet the boy did not appear to be jaundiced: the eye was free from any yellow tinge, the tongue was clean, the pulse regular and moderate, and the alvine discharges natural. As no benefit had been derived from the mercurial courses, nor from any medicines which he had taken, I resolved to open the tumor, and puncture it with a common hydrocele

trocar. Upwards of three pints of watery fluid were evacuated, which slightly coagulated when a portion of it was heated in a spoon over the flame of a candle. The wound healed by the first intention without confinement, and without a dose of medicine having been taken. I conclude there has been no return of the disease, as the patient was desired to apply to me again should the tumor reappear; and I have not seen him from that time to the present period.

I am inclined to believe, with Mr. Brodie, that the fluid, in these cases, is contained in a cyst attached to the surface of the liver.

HUNTERIAN PAPERS.

SOME letters to Dr. Hunter, and some original papers of his own, have fallen into our hands, extracts from which we shall lay before our readers.

LETTER TO DR. WILLIAM HUNTER.

Naples, Jan. 1, 1769.

WORTHY SIR,

Excuse the liberty taken of addressing to you a few words, from one of your former pupils, who is not unmindful of the obligations he has to you. They are designed to accompany a paper which, by your means, I wish to present to the Medical Society, on the subject of the cicuta, &c. of which, my having passed a year at Vienna, gives me an opportunity of knowing something. If you approve it, Sir, you will oblige me by offering it to the Society.

I saw, about three months ago, the great anatomist Morgagni: I went to Padua, on purpose to have an hour's conversation with that venerable old man. We spoke of you, Sir; he desired me to salute you most kindly (*humanissime* was his word) on his part. He said he had a great esteem for you, and spoke of your plates of the gravid uterus. He bid me, on my return, say of him thus:—"Iste Senex amat, venerat nostrates, et confitetur se multum ex illis didicisse." I found him at his studies, though he seems much impaired by age: he was very polite, seemed pleased with my visit, and shewed me some of his preparations, of which he has not many. We talked about inoculation, to which he is no

great friend, not having had the small pox, which several of his children, now in years, have escaped. He is 87, a very fine old man, and a very humble great one.

At Leyden I heard Albinus, but not with that satisfaction or profit with which I have heard Dr. Hunter. I had the honour of sending you, Sir, from thence, a Dissertation on Inflammation, and some time after a Treatise on the Small Pox, which I translated from the Latin of Closs. I have since spent a year at Vienna: there anatomy is little cultivated. I laboured to introduce into that country inoculation, and succeeded. I am printing now on that subject at Naples, where it is new. Little is to be learned here: indeed, abroad, medicine in all its branches is far from being as perfect as with us.

I ought again to beg pardon for the liberty I have taken; but however that may become me, I believe it will not be necessary to you. The kindness of Dr. Hunter has been often experienced by

His most obliged and
Obedient humble servant,
THOMAS HOULSTON.

MR. LAWRENCE'S CASE OF AXIL-
LARY ANEURISM.

To the Editor of the London Medical Gazette.

SIR,

IN the last No. of the *Lancet* (March 8th) is the history of a case of axillary aneurism, treated by Mr. Lawrence, at St. Bartholomew's hospital, and presenting many particulars calculated to excite both surprise and regret in the mind of every one acquainted with that gentleman's skill as an anatomist and surgeon, or interested in the advancement of our profession. I beg, therefore, your permission to give an abstract of the case, and to add a few remarks which its perusal has suggested to me.

By the first report (Sept. 7th, 1827) we learn, "that the patient was a robust, healthy man, aged 37,—that the disease had probably commenced six months previously, but that only a month or six weeks had elapsed from the time that swelling and pulsation were first noticed." The tumor was situated over the three first ribs, partly above and

partly below the clavicle. "Its upper edge was distinctly felt about two inches above the inner end of the clavicle, whilst its limits towards the root of the neck and sterno-clavicular articulation could not be ascertained." Its character was unequivocally aneurismal: the heart beat naturally, and 70 times in a minute: there was not any cough: the voice, respiration, and deglutition, were unaffected.

The treatment consisted in evacuants and sedatives; among them, V. S. and digitalis. The pulse was brought as low as 46 in a minute, and rendered very irregular; but the report of the same date (Sept. 21st) informs us that the tumor had evidently increased; that the portion below the clavicle protruded to the size of half an orange; that the thrill above the clavicle was more obvious, and that there was a depression on the tumor in the situation of that bone.

Sept. 30th.—We find the arm very painful above the inner condyle; the tumor increasing, and more prominent below the clavicle. Nevertheless, it is said that his health is not impaired, though his sleep is much interrupted.

October 31st, (the next report).—Both local and constitutional symptoms are stated as aggravated; but most accurate examination of the thorax prove it to be free from disease.

The increase of the tumor, and of the attendant symptoms, appear to have been progressive until the end of Nov.; when there was an amendment, real or apparent, and which may perhaps be most satisfactorily explained by the supposition that the gradual advancement of the tumor, in the direction of the thorax, relieved the arm and other parts from the extreme of distention and compression.

This calm lasted only until the beginning of Jan. 1828; when, though the pulsation was scarcely perceptible, and the tumor more firm and hard, it had increased in size, and was attended with pain in the shoulder-blade, cough, and irritation about the trachea.

Jan. 15th.—The sac appears to have given way; the aneurism becoming diffused, and extending towards the trachea and sternum on one side; towards the axilla on the other. There is tickling in the throat, with occasional troublesome cough. The subsequent progress of the case was rapid, the tumor appear-

ing to have attained an enormous size, filling the axilla, extending between the scapula and chest, and reaching anteriorly as far as the nipple. The patient lived until the 9th February.

Of the dissection, which appears to be minutely and accurately detailed, a few points only need be noticed. A portion of the enormous sac had penetrated the chest between the 1st and 2nd ribs, forming a large convex protuberance, which adhered to the right lung. The heart, aorta, arteria innominata, right carotid, and right subclavian arteries, were healthy. The aneurism had originated in the axillary artery, which communicated with the sac, superiorly, about an inch beyond the origin of the branches of the subclavian,—and inferiorly, about the same distance above the origin of the infra-scapular artery.

The question naturally suggests itself:—why was not an attempt made to rescue this patient by an operation? not merely from death, but from the extreme and protracted misery he must have endured. It is obvious that at any time previous to the 15th Jan. it would have been quite practicable to have tied the subclavian artery on the inner side of the scalenus muscle, or the arteria innominata. Even, subsequently, when the aneurism had become diffused, either might yet have been done, though no longer under equally favourable circumstances. We are told, that the question of the ligature of the arteria innominata was agitated at an early period of the disease, but that it was not thought proper to make the attempt; 1st, because no patient has hitherto recovered after the operation,—and 2nd, because the probability of success is not greater than that of a spontaneous cure. The latter is perhaps the better argument of the two; but I am inclined to believe, that those who have had sufficient opportunities of forming an opinion will agree, that the chances of the spontaneous cure of an external aneurism, (and for many reasons, axillary aneurism in particular,) at the time of life, and under the other circumstances of this patient, cannot be estimated at a very high rate.

But, whatever may be the state of the general question, it is evident that in this individual case there was a period, previous to the giving way of the sac on the 15th Jan. when the expectations of a spontaneous cure, founded on the

real or apparent suspension of the progress of the disease, should have been abandoned, on account of the increase in the size of the tumor, and the aggravation of the symptoms indicative of its continued encroachments on the thorax.

I am truly surprised to find Mr. Lawrence, if we can believe the *Lancet*, assigning the want of success of the cases in which the *arteria innominata* has been tied, as an adequate reason for not repeating the attempt; and I cannot help contrasting this timidity with the bold and happy confidence shewn by other members of our profession in circumstances as nearly similar as possible. If Mr. Abernethy and Sir A. Cooper had thus distrusted themselves, and the value of the principles from which they deduced their practical conclusions, we in the present day might yet have been compelled to witness patients with inguinal and carotid aneurism perishing in the same miserable manner as the unfortunate man whose case has given rise to these remarks.

Nor does it appear that the want of success attendant upon the ligature of the *arteria innominata* has been so absolute as might be supposed. But two cases have hitherto been made public; one by Dr. Mott, and the other by Professor Graefe: in the first the patient lived 26, and in the other, 67 days; either of which periods is sufficient to justify us in believing that there is nothing in the operation, or its inevitable results, which should preclude the possibility of success under favourable circumstances.

Various circumstances combine to render the ligature of the subclavian artery on the inner side of the *scale-nus* a much more hazardous and less promising operation: of these the principal are, the greater difficulty of reaching the vessel,—the vicinity of the *pleura*, subclavian and jugular veins,—*vagus* and *phrenic* nerves; and the certainty of tying the vessel close to, or in the midst of, numerous large vessels.

As to the ligature of the artery beyond the tumor in subclavian aneurism, there is little doubt that every unbiassed person (capable of judging) will coincide in the opinion expressed by Mr. Lawrence,—“that, hitherto, there are not any direct facts in favour of such a proceeding, and that probabilities are strongly against the attempt.”

The spirit, however, in which the *Lancet* is conducted, is forcibly illustrated by the fact, that whilst this opinion, coming from Mr. Lawrence, is received with silent submission, no extraordinary length of time has elapsed since Mr. Bell and the late Mr. Shaw were rudely stigmatized as ignorant, and shrinking from their duty, because, under similar circumstances, they gave the same proofs of prudence and judgment.—(See the *Lancet*, vol. ii. p. 431.)

I am, Sir,
Your most obedient, &c.

X.

March 10th, 1828.

[The above is from the pen of a highly-respectable practitioner in one of the provincial towns: we insert it as a temperate criticism of the treatment adopted in this case, but we feel called upon to state, that, in our opinion, Mr. Lawrence, in declining to operate, adopted the more prudent and judicious course.—ED.]

THE STETHOSCOPE.

To the Editors of the London Medical Gazette.

GENTLEMEN,

As a constant reader of your valuable journal, and a strenuous advocate of the principles on which it was established, I am naturally disconcerted by the appearance in its pages of any observations that appear to me calculated to injure its reputation, or lessen its sphere of usefulness. It has been with this feeling that I have, at different times, noticed remarks, made in your Editorial capacity, unfavourable to the character of the *Stethoscope*; and it is with still greater pain that I read, in some of your recent numbers, communications (honoured apparently with your sanction), the avowed object of which is to cast discredit and ridicule on this instrument. Were the question here at issue mere matter of opinion respecting the truth of some theoretical dogma—some obscure pathological fact, or contested point of practice—I could blame no writer or Editor for embracing whatever side seemed to him most defensible. Most certainly I should feel ashamed of any attempt on my part to cry down the advocates of either opi-

nion, or to abridge, by impertinent interference, the wholesome privileges of legitimate controversy; but the subject of *Mediate Auscultation*, considered as a means of diagnosis, is of a totally different character. Its advocates (and I will venture to affirm that all who have fairly tried the method are its advocates) assert, as a fact, demonstrable by daily experience, and which they are ready to prove at any time, by an appeal to actual disease in the living and dead body, that, by means of the Stethoscope and percussion, they are enabled to discover the existence of certain diseases which they cannot at all recognize without these means; and that the diagnosis of a great many other affections is, in the same manner, rendered much more precise and certain than can otherwise be effected. It is obviously absurd for any one to deny the truth of such assertions from reasoning only, or from such a degree of experience as the advocates of the measure maintain to be inadequate to the acquisition of the knowledge on which they are founded. It would be equally justifiable in those ignorant of the facts, to deny that the wire-gauze lamp of Sir Humphry Davy was capable of preventing the ignition of the surrounding fire-damp of mines; or that the prediction of an eclipse was possible.

It is by an appeal to experiment—it is by facts alone, that the merits of auscultation can and ought to be tried; and if in several common diseases of the chest—for instance, pleurisy (more especially chronic), peripneumony, hydrothorax, pneumothorax, dry catarrh, emphysema of the lungs, phthisis, hypertrophy of the heart, &c. &c.—I say, if, in these cases, any experienced *auscultator* does not, with the patients before him, convince the most sceptical and the most experienced that he can form a more accurate and more minute diagnosis *with the Stethoscope* than the *anti-auscultator* can do *without it*, I, for one (heretofore a humble, yet zealous advocate of auscultation), shall freely admit that the methods of *Auenbrugger* and *Laennec* are deserving of ridicule of a much finer quality than has yet been cast upon them in the pages of the Medical Gazette. But it is just as easy for those who have thoroughly studied and practiced auscultation, to doubt the truth of any other well-known phenomenon, cognizable by their senses,

as to doubt the powers of the Stethoscope and percussion to detect, with unequalled precision, the presence and actual condition of many diseases of the chest. I would, therefore, humbly submit to your serious consideration, whether, in lending your aid to depreciate the value of the new methods of diagnosis, you are consulting either your own credit or the interests of your profession. The only legitimate subject of discussion, as appears to me, relatively to the merits of the new method, is the *degree* of its applicability, and its value, *comparatively*, with the common means of diagnosis; and on this point it would seem, from a communication in your last number, that some injudicious advocates have been attempting (in another journal), to the manifest injury of the cause, to give to auscultation a character of paramount and exclusive importance, which its best friends, and those best acquainted with its merits, have never yet claimed for it. It is such ill-omened advocacy that awakens hostility to any cause, however good; and it is to deprecate the repetition of such attempts, as well as to claim for auscultation, at your hands, impartiality at least, if not favour, that I trouble you on the present occasion.

In order to show the sober and liberal spirit in which the new methods are estimated by those who have most pretensions to judge concerning them, I shall close this communication with an extract from the recent work of Dr. Forbes (whom no one will accuse of lukewarmness in the cause), and which I recommend alike to the friends and enemies of auscultation.

“It must not be supposed, from any thing I have stated, that I am inclined to consider the methods of diagnosis discovered by Auenbrugger and Laennec as all in all; as not only unerring in their nature, but also sufficient for all practical purposes, without any aid from the common and general symptoms of diseases. So far is this from being the case, that I deem it necessary in this place to repeat, what I have substantially declared in several of the notes appended to the work, that such a doctrine is both false and dangerous. In science, as well as in religion and politics, over-zealous and injudicious friends are often more injurious to the cause they advocate than its most determined enemies; and, in regard to

auscultation, I am convinced that the most certain mode of preventing its general adoption, is to attempt to extend it beyond its just limits, or to raise its credit at the expense of other methods in more general use, which have not merely the sanction of the experience of ages, but the still stronger support of deep-rooted prejudice, in their favour. So far, indeed, am I from advocating its exclusive use, that (with some exceptions) I would lay it down as a general rule, that the physician ought, in the first place, to endeavour to ascertain the nature and state of the disease by the common symptoms alone; and that it should be only had recourse to afterwards, as a sort of *experimentum crucis*, to fortify his convictions in obvious cases, or remove his doubts in difficult ones."—*Translation of Laennec, 2d Edit. Pref. xix.*

"I think it highly necessary in this place to caution the student against yielding too implicit confidence to auscultation and percussion, as means of diagnosis, to the neglect or exclusion of the more usual methods. It is no doubt true, that these measures are of the very first importance in the diagnosis of this (phthisis), as of almost every other disease of the chest; that in many cases they alone suffice to fix the diagnosis; and that in others, this cannot be established without them. At the same time it is equally certain, that if we attempt, as our general practice, to draw our conclusions from these *signs* alone, without reference to the local and general *symptoms*, we shall frequently not merely fail to attain our object at all, but we shall run great risk of falling into errors of the most serious nature. It is only by combining the practice of auscultation with the faithful observation of symptoms, and by studying the results obtained from both sources with a reference to the pathology of the disease, that we can hope to attain such a certainty of diagnosis as can satisfy a philosophical mind."—*Ibid. Note, p. 345.*

Wishing all success to your laudable undertaking,

I have the honour to be,

Gentlemen,

Your obedient humble servant,

A STETHOSCOPER.

March 11, 1828.

[We have given insertion to the above letter without hesitation, and we trust

that having done so, will convince the author of it that we are more impartial than he was induced to suppose. On what grounds he has accused us of being hostile to the Stethoscope we know not, as we have never, that we remember, spoken of it in our Editorial capacity, and have admitted communications in its favour as readily as those against it; while descriptions of the phenomena it presents are constantly to be found in our Hospital Reports. As, however, the present seems a challenge to avow our creed on this subject, we shall state—that we believe the Stethoscope to be capable of affording much useful assistance to diagnosis; but that, as happens to most other novelties, some of its friends have gone to injudicious lengths in its praise, and attributed to it powers which it does not possess; and that this kind of *enthusiasm* is calculated to injure the cause of a useful *auxiliary* to diagnosis, by taking off the attention of the student from the more essential phenomena of disease; while, by exciting expectations which are not afterwards gratified, it leads to disappointment, because many men, (as indeed is illustrated by some of our correspondents) finding the assertions of the auscultators exaggerated, or partly incorrect, are naturally led to reject them altogether. Other Editors have taken a decided part—we think it more to the interests of science that our Journal should be open to both sides of the question.—E.]

ON THE CHARACTER OF THE LANCET.

LETTER I.

To the Editor of the Medical Gazette.

SIR,

IF we look back to the false pretences by which the Lancet first crept into circulation, the facility of its reception among a throng of readers, greedy in their researches after every kind of information, and not over nice about the fountains at which they drank,—will be intelligible enough.

No one who will be at the pains to examine the prefatory address affixed to its first volume, and to compare the professions in that preface with the general style—not of its later volumes, for in these the mask is utterly discard-

ed, but of that very volume which was ushered with such a cant of principle before the public—can mistake the reality of its motives. The advancement of science, by the dissemination of scientific intelligence—an anxiety to contribute to the general stock of useful knowledge, and a determination to unveil the spirits of mystery and concealment, which had so long opposed a barrier to the progress of intellectual expansion—such is the preliminary outline of the course proposed to itself by the Lancet.

Sir, in this first volume—in which, until he could feel his way, he would naturally be on his best behaviour—no less than eight in thirteen of his Numbers are dedicated to the discussion and development of imputed practices in a clerical character, at which humanity blushes. No love of justice, no honourable sense of outraged nature, joined to the desire of seeing depravity corrected, ever stooped to gloat as he does in the amplification of the odious details. And this is the advocate of extended knowledge and improvement—antedated by himself the benefactor of society, and pioneer of science to the young profession!

Such, in the outset of this Journalist's career, were his conduct and his lucubrations. To the disgusting pruricy of that large order of the community, just elevated above the rabble, he pandered—and he had his reward. The unchaste chronicles, and the filthy expositor, rose into notoriety and sale.

I am aware, Sir, that he has been already charged with this *unnatural* and unmanly use of literature, and that he has vapoured a good deal about the hardihood of his assailant, and his scorn of the charge imputed: but he cannot disconnect himself from his first volume, which is now before me—which is become a part and parcel of his own *organismus*—and which, though it be far too vile to quote, remains a damning reference, and a confirmation against him.

But as we advance through the volumes, every succeeding Number makes manifest his real objects, and shews his protestations of principle to be bottomed in imposture. We find him freely misrepresenting and misreporting the most eminent. He draws a line of invidious demarcation, between the acknowledged chiefs of

their profession and those practitioners who follow them with scarcely inferior merit: he endeavours to separate the latter class—necessarily always the most numerous—from the former, by an unjust contrast of pretended disadvantages on the one side, and arrogated privileges on the other; though he knows all the while that these privileges are, and have been, the price of victorious merit alone, and that there is no disadvantage in the profession which can resist the career of talent. Let him look back, Sir, to the first unaided struggles of the Clines, the Coopers, and the Abernethys; when they worked hard, each for his guinea, obscure and unheard of in the city, and forced, by dint of ascendant genius alone, a chance and precarious practice into an affluent and splendid revenue! “Oh, but,” exclaims the Lancet, “they had the patronage of the rich and powerful, and the whole body of the aristocracy employed them, almost to the exclusion of all competitors.” So it did: but it was a preference which, even those who conferred it, conferred in spite of themselves; it was the exacted tribute of universally acknowledged superiority; the unbought, spontaneous patronage, which genius only can create and command.

But, Sir, if the Lancet had stopped here; if he had been content with the schism which he had created in a profession which, for all purposes of public utility, can never appear too unanimous; perhaps I had forborne to trouble you. But his own rancorous animosities are now become almost the only guide of his columns. Step by step, his personalities have assumed the grossest and most offensive shapes; till, at last, having reached a point either above or beneath shame, he wallows at this moment, unrestrained, in all the mire of libel and private vituperation. I shall come back, Sir, more particularly, to this part of my subject, when I next address you; for it will be important, in a charge so serious as this, to make the Lancet an instrument of his own exposure.

The interval which has elapsed since the publication of its earlier Numbers, and some valuable contributions with which it has been occasionally enriched, were already weakening (at least in indulgent bosoms) the recollections of its origin. But the deep moral debasement into which it has rushed latterly, with a

blind precipitancy, is again fast contracting its circulation: add to this, the growing predilection for your own work which, even if no moral contrast offered, is universally felt to be a manual of far higher authority; and, therefore, promises to supersede the *Lancet* on that ground alone. But who is he—this man who seems to assert for himself the office of metropolitan dictator to the profession? Who is he—this Aristarchus of British surgery—who calls the Brodies, the Traverses, and the Bells, “a contemptible knot,” and breaks his scurril jests upon the excellent and distinguished alone?

Sir, if the tone of oracular arrogance assumed by the *Lancet* on all medical questions without exception, were supported by professional knowledge, or backed by superior opportunities of education, it would still be unendurable to liberal natures. But when it bursts upon us in all its native uncouthness and vulgarity, both of mind and manner; destitute alike of professional and classical culture; grinning in naked malice, even when it most affects impartiality, and floundering in bathos whenever it attempts to soar; when, from its utter unconsciousness of any dignity in itself, it makes light of all customary observances between gentleman and gentleman—thus, in fact, resigning any claim on its part to be regarded as belonging to that class of society—when it descends to the low personality of nick-names, to mark out its inveteracy against particular individuals; and under the head of one general *sobriquet*, spits its venom at the highest talent and fame in the profession; the public surprise that such a nuisance can be endured, equals the public disgust at its existence.

But who is he, I ask again, this self-erected critic over all the skill and practice of the first medical community in the world? Is he in the habit of performing any of those operations on which he passes every day a presumptuous censure, arraigning, in the plenitude of his ignorance, the dexterity which he cannot understand? What advantages has he enjoyed from his youth upwards, at the colleges and in the hospitals? Who is he, this christener of a whole profession by that foul appellative, neither beast nor bird, which best harmonizes with his own transactions? What light has he ever

made in the darkness, I mean the darkness of professional error, to which he can now revert in triumph, and remember without shame that he kindled it? Not one. The scattered gleams of science, which are seen at intervals to flit across his cloudy columns, are scintillations from purer fires than his. The Lawrences (I will not deal now with the Wardrops and other inferior spirits) though, for purposes best known to themselves, they stoop from their prescriptive eminence, can never amalgamate with such repugnant elements. From time to time they may transmit cases, and they may continue, from a feeling utterly unaccountable in minds of such a stamp as theirs, to furnish an example of what uncalculated acts of degradation high and cultivated natures are sometimes capable. But they will not be able to surround the wretched instrument and vehicle of their fratricidal deflections with one particle of their scientific lustre: it will only stand forth more bare and hideous, from the occasional contrast of science; till, deserted by its repentant contributors, it sinks back into its pristine insignificance, abandoned, and despised.

CHIRON.

MEDICAL GAZETTE.

Saturday, March 22, 1828.

“Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso.”—CICERO.

BYE LAWS OF THE COLLEGE OF PHYSICIANS.

IN our last number we inserted such of the bye laws of the College of Physicians as relate to the Licentiates—they were copied from a document published under the sanction of the President and Censors, and which hereafter will, of course, be accessible to every candidate for a license. Anxious as we are to steer a middle course between the indiscriminate outcry which has been raised against all corporate bodies, and a tame and indolent acquiescence in established

usages—for no other reason than that they are established—we think it but due to the College to say, that the measure of publishing these bye laws appears to us both judicious in itself, and extremely well timed: it is judicious, because it takes from their enemies one of the strongest grounds of complaint; and well timed, as it manifests a disposition to comply with the reasonable wishes on this subject which have recently been expressed by the profession.

The first set of regulations apply to the qualifications required of those who present themselves for examination; and it is enacted, in the first place, that each candidate for a license shall have completed his 26th year, and studied medicine in some University for two whole years, such attendance being certified by the usual testimonials. To that part of the regulation which applies to the age, we conceive no reasonable objection can be made; as to the period of study, it appears to us too short in itself, and the means taken to ascertain that (short as it is) it has been faithfully performed, we have reason to believe are too lax. It is true that the “usual testimonials” of such attendance are required; but it is well known (with regard to Edinburgh for example) that a certificate of having attended may be (or very recently might have been) procured by any one who matriculates at the beginning of the session, goes to London for the next six months, or perhaps winters in Italy, and then returns in spring for his “*literæ testimoniales*.” It is true the College of Physicians cannot be expected to detect delinquencies of this kind, unless under particular circumstances; but we do think that when a physician residing in London presents himself with the “usual testimonials” of having studied in Edinburgh, during a period when he has notoriously been practising in the metropolis, without a week’s intermis-

sion, the College ought to prove an *alibi*, and reject the evidence. The expression “*in aliqua Academia*” has been understood as applying to an University endowed with the privilege of granting degrees: is it intended to acknowledge as equivalent an attendance at certain other Universities which have not this power? Suppose, for instance, a student attends the London University, and, after completing the prescribed period of two years, goes to Aberdeen or St. Andrew’s for a degree, will he be eligible to admission as a Licentiate?

No one shall be admitted who uses any secret *nostrums*, the composition of which he refuses to disclose to the President and Censors. We confess we do not think this sufficient: if a man be such a quack as to deal in *nostrums*, he ought to be excluded, whether he enlightens the President and Censors on the subject or not.

Surgeons and Apothecaries are to renounce all the privileges connected with their Corporate establishments.

These preliminaries being settled, the candidate is to be examined at three of the *Comitia Minora* (the *Comitia Minora* consist of the President and Censors): first, in Physiology; secondly, in Pathology; thirdly, in Therapeutics; besides which he is, at each examination, to translate a portion of *Celsus* or *Sydenham*. The examinations themselves are to be conducted in Latin.

If he passes these examinations, he is admitted as a Licentiate at the next meeting of the *Comitia Majora*, having previously promised to observe the statutes of the College, or immediately pay the penalties attached to their infringement; and to do every thing for the honour of the College and the public weal. There appears to be nothing to object to, or almost to remark upon, in all this: not so that which follows.

The act of admission consists in the

Licentiate, on his bended knees, placing his hands in that of the President, who then goes through the verbal form of conferring the privilege of practising in London and within seven miles thereof.

Now this is one of the things strongly objected to. It has been spoken of and represented as a particular mark of degradation on the part of the Licentiates, and an unwarrantable assumption of superiority on the part of the College. To us it appears merely an antiquated custom, the remains of the monastic forms which prevailed in this country at the time the College was established, and which, we believe, is still retained in the granting of all degrees at both the English Universities. We see this in it, but nothing more. It is a custom which, perhaps, would be as well abolished; but were it the Chinese *coutou*, and had the Licentiate, on his admission, to make his forehead touch the ground nine times, it could not reasonably be looked upon as any *particular* degradation to him, inasmuch as the Fellows go through precisely the same ceremony. They cannot intend it as a degradation to themselves, and therefore it were absurd in the Licentiates to view it in this light, so long as they go through the form whatever it may be, "*eodem modo quo socii.*"

Lastly, whoever practises without a license is to be admonished, and if he neglect such admonition, he is to be "obnoxious to the laws of the kingdom." It is the almost entire neglect of this part of their own statutes which has led to much of the disaffection towards the College which at present prevails. Those physicians who acknowledge their authority are undoubtedly entitled to their protection; but while the suit with Dr. Harrison is pending, we decline entering upon this part of the question.

The next division of these extracts relates to the extraordinary election of

Licentiates and Fellows. It is a privilege enjoyed by the President, that every year he shall be at liberty to propose a doctor in medicine, of good morals, and skilled in his profession, to be admitted as a Licentiate, although he may not have complied with the various courses of study above mentioned. Such person is then examined in the usual way, and admitted a Licentiate, if the majority of the Fellows present at the next meeting consent—for this is a *sine qua non* in all elections. Dr. Clarke's recent admission into the College is the only instance of this privilege having been exercised for some years.

The President is likewise at liberty to propose, once in each year, a physician, who has been ten years a Licentiate, to be admitted a Fellow; and if the majority consent, he is admitted without any farther examination. Sir James Macgrigor and Dr. Babington are recent instances of this form of admission; and if the President continues to make his election on the same grounds which have guided him in these two instances, the profession will be glad to see him enforce his privilege every year. But we must respectfully yet firmly remind him that while this power enables him, in a great measure, to reconcile the Licentiates to the avowed inferiority of their rank, by necessarily elevating the most distinguished among them to the Fellowship, and thus associating them more closely with the College, all being made to entertain a rational hope that by fair and honourable conduct, and by exertions in the cause of science, their own turn may come; on the other hand, we warn him that the very first instance in which an individual of inferior professional merit is preferred, to the exclusion of some more meritorious, but perhaps less successful individual, it will give offence more general, more deep, and more lasting,

than if the privilege had never been exercised at all.

It farther appears from these statutes, that each Fellow has the power, once in seven years, to propose a physician not under 36 years of age, and who has been seven years a Licentiate, *to be examined* for a Fellowship. If the majority consent, he is then examined at three of the ordinary *Comitia Majora*, and if approved, he is admitted. The only instance we know of, in which this has been attempted of late years, was the proposal of Dr. Wells by Dr. Baillie. We believe that the nomination was not seconded, and thus fell to the ground at once.

Some regulations follow for the guidance of physicians in the business of their profession, especially as regards their conduct to one another; and they apply equally to Fellows, Licentiates, and Candidates. None of these is to depreciate another, (*nomine malefacii*), nor to accuse him of ignorance in his art, unless called upon in a court of law; on pain of forfeiting four pounds for the first offence, twice that sum for the second, and for the third, the offender, if a fellow or candidate, is to be expelled; if a licentiate, he is to be fined ten pounds for every time the offence is repeated. There appears to us something rather absurd in this statute, particularly in the proportioning of the penalties. If a Fellow transgresses three times he is expelled; if a Licentiate does so, he is fined ten pounds. *Query*—Do the college estimate the value of their license at this very moderate sum, or is it a tacit acknowledgment that they cannot deprive any one of his license? We suspect, both from this statute and from the circumstance of the name of a physician having lately been replaced on the list of Licentiates after it had been *accidentally* omitted, that the latter is the true explanation. If so, the insertion of the

words “*quamdiu te bene gesseris*,” in the form of admission, is, indeed, a mere *brutum fulmen*.

No one is officiously to intrude his professional services on the patient of another physician, under pain of censure and being fined forty shillings.

No one is to bargain with those who sell medicines for any share of the price of his prescriptions, on pain of expulsion if a Fellow or Candidate, and of paying ten pounds if a Licentiate.

Every physician is to date his prescriptions, write the name of the patient, and sign his own initials, unless he can assign some reason which the President and Censors hold to be valid. No penalty is attached to the infringement of this regulation, which obviously can apply only to private practice.

When physicians meet in consultation, they are to deliberate on the case with the “utmost modesty,” and not until all non-professional persons have retired; nor is a physician to prescribe, or even to hint his opinion before the patient or his friends, till after the consultation has taken place. If they disagree as to the treatment, they are to conduct themselves with the greatest “prudence and moderation,” and the *physician in ordinary* is to explain the circumstance in the manner least likely to prove unpleasant to the patient. These regulations are extremely good, and their neglect frequently places all parties in an unpleasant situation. The fine of five pounds is attached to their infringement.

No Fellow, Candidate, or Licentiate, is to consult “*de rebus medico propriis*,” with any one who does not come within one or other of these denominations, under a penalty of five pounds. It has been very generally supposed that the Fellows alone were precluded from meeting those who had not passed the examination of the col-

lege; and so little do the statutes appear to have been known to the Fellows themselves, that we remember to have heard one of the Electi express this opinion. It is more consistent, however, that Licentiates should be guided by the same regulations, in this respect, as the Fellows; because what is indecorous in the latter, cannot well be becoming in the former.

The last part of this document relates to extra Licentiates, of whom only one year's attendance at an university, and the like period at a London hospital, or two years at one in the country, are required.

Speaking generally of these bye laws, we think that the chief circumstance to be regretted is that they should not have been published sooner. It has been bruited abroad that there was something in them derogatory to the Licentiates, as physicians, if not as gentlemen;—that certain acts of submission were required *of them* exclusively; that their conduct was weighed in a different scale from that of the Fellows, as if they were incapable or unworthy of holding the same rank in the profession. Till these statutes were known, it was impossible to contradict this idea; and the undefined nature of the alleged degradations gave to them all the imposing effect of objects indistinctly seen.—These are now done away; and with regard to the *esprit* which is expected of them, and the sense of honour which it is required should regulate their professional conduct, Fellows, Candidates, and Licentiates, are all alike—bound by the same statutes, and measured by the same standard. We must be allowed to say, considering this, that the Fellows have not been judicious in their conduct towards the Licentiates;—they have wrapt themselves up in imaginary dignity within the walls of their college, till—not so much by positive injury as by a chilling abandonment of all

good fellowship—they have contrived to alienate the very class of men most near to them in education, pursuits, and interests; men who, instead of rejoicing, as we fear some do, in any contempt which may be shewn of their authority, would have been the first to rally round them; and who, from their number and connexions, must have a considerable power in influencing public opinion. Recently, however, there have been numerous indications of a better feeling; and it is rumoured that it is in contemplation to throw open the doors of the college, on certain evenings, for the purpose of bringing together all the respectable members of the profession. This can only proceed from a wish to conciliate; and as bringing men into each other's society has a wonderful effect in smoothing the asperities of mutual prejudice, we anticipate much gratification and benefit from the result.

HOSPITAL REPORTS.

ST. THOMAS'S HOSPITAL.

Case of Tubercular Phthisis and Bronchitis; appearance of a Cicatrized Vomica.

WILLIAM STOKES, æt. 18, admitted Jan. 3, 1828. For five years has suffered frequent attacks of bronchitis, for one of which he was in the hospital last June under Dr. Elliotson, and went out somewhat relieved; the catarrh, however, soon returned, and has since continued, and gradually become more urgent.

Two days before admission, hæmorrhage supervened, and has since returned, with the cough, several times, particularly last evening, to more than half a pint.

When admitted, was considerably emaciated; cough urgent; expectoration copious, somewhat sanguinolent, with puriform matter in abundance of serosity; dyspnœa urgent; countenance somewhat anxious, of a pale dingy hue, with some lividity of the lips; some

palpitation, increased on exertion; great weakness; nocturnal perspirations, frequently very copious; nails rather livid, with some inversion; slight pain, but principally "soreness" of the chest, superiorly and laterally. Percussion afforded a pretty clear sound over the whole chest, but more so on the right side; the left, anteriorly, (even beyond the cardiac region) being rather dull.

Auscultation.—The *râle muqueux* very evident, and nearly drowning the respiratory murmur, over the whole of the right side of the chest, but particularly at the superior third; on the left side, although at the superior third it exists, it is not so evident, and the respiratory murmur is more perceptible. Imperfect pectoriloquy just below the right clavicle. The circulation rather accelerated, but regular; heart's action perceived over a somewhat larger space than usual, and the sound of both auricular and ventricular contractions more audible. It must, however, be remarked, that the integuments were much wasted.

Ord. Empl. Cantharid. Pectori.
Liquor. Antimon. Tart. \mathfrak{z} ss. quotidie.
Ext. Conii gr. v. O. N.

5th.—Vomited after the antimonial solution pretty freely, and the dyspnœa has not since been so urgent; cough not so distressing, sputa not sanguinolent; sweats profusely.

Ord. Acid Sulph. Dilut. \mathfrak{m} xl. ex Infus. Columb. ter die sumend.

This afforded but trifling relief; cough, expectoration, &c. continued; and on the 8th was ordered Ext. Conii gr. x. O. N. which allayed for a short time the excessively teasing cough. He continued the Conium till the 14th, when the Liq. Ant. Tart. was again tried, the dyspnœa, cough, &c. having increased, and again it afforded, by producing free vomiting, some relief. This, however, was but transient, and subsequently the Conium and Acid Sulph. Dilut. were resumed, and palliated in some degree the most urgent symptoms.

Feb. 2.—The chest again explored by the stethoscope: *râle muqueux* more evident, almost amounting, at superior third of right lung, to a *gargouillement*; pectoriloquy very distinct about two inches below right clavicle, where there was also tracheal respiration, and

in the same situation at irregular intervals, but generally about every third or fourth expiration a "metallic tingling" was distinctly detected: this phenomenon was rendered more perceptible by suddenly raising the patient from the recumbent to the sitting posture, and also by his coughing.

From this time he gradually became worse: cough, dyspnœa, lividity of the countenance, and night sweats increased; the last alternating with, and latterly even accompanied by, diarrhœa. The last few days puriform matter, and some small flakes of lymph, observed in the stools. The accuracy of the above stethoscopic report was several times verified before his death, which occurred March 4.

Dissection, 48 hours after death.—Percussion afforded a dull sound over the left side of chest; right side clear. On raising the sternum, the lungs did not collapse freely; there were free adhesions between the pleuræ at superior part on both sides, and on tearing away these adhesions on the right side (the cavity of which pleuræ contained very little fluid), a portion of that covering the lung (in the precise spot where the metallic tingling and pectoriloquy had been detected) was so firmly adherent, as to be detached from the lung, and left adhering to the opposite cortical portion; this exposed a cavity of an irregular form, thrice the size of a chestnut, containing some softened tubercular matter, communicating with a large branch of the bronchus, and having its sides infiltrated and condensed. There was no communication between this and the cavity of the pleuræ; but its whole external boundary (*i. e.* the part in contact with the parietes) was formed by the portion of pleura above spoken of, without any intervention of pulmonary tissue. There were some other tubercular depositions in the right lung, in various stages of development; the left lung was completely studded with tubercles, some of which at the superior part had become softened; and about three inches below the clavicle, anteriorly, an appearance, considered as the cicatrization of a former tubercular cavity, was detected: it was a pretty firm fibro-cartilaginous substance, extending from the pleuræ about an inch into the substance of the lung, and branching out in various directions to some extent. The mucous

tissue of the whole bronchial ramifications (which were partly filled with a muco-purulent matter) somewhat vascular, but not ulcerated. The cavities of the heart, particularly the right side, somewhat dilated; valves healthy.

Abdomen.—Some serous effusion into this cavity; peritoneum transparent; liver and kidneys healthy; mucous tissue of colon and rectum somewhat softened; and near the ilio-cæcal valve several ulcerations—one extending through the mucous coat, with an elevated, everted, and inflamed edge; numerous spots of chemosis.

We have communicated this case more particularly to draw attention to the stethoscopic phenomena.

Those observed on his admission were such as may be at any time found in almost every ward of an hospital, and their indications are now too well known to require much comment here: the mucous wheeze or rattle, extending over the greater part of the chest, was sufficiently characteristic of bronchitis, which the history and general symptoms stamped as chronic. The imperfect, but afterwards perfect pectoriloquy, under the clavicle, with the more audible mucous rattle in that situation, amounting on the second examination to a “gurgling,” and also the sense of blowing up the tube, or “tracheal” respiration, sufficiently pointed out the still more formidable nature of the disease—viz. that a cavity actually existed. These phenomena are, we repeat, so commonly to be met with, that every one is, or ought to be, familiar with them; but there is in this case a striking exception, which we shall now notice. Metallic tingling, or *tintement métallique*, which was observed in this case, is very rarely detected, at least in St. Thomas’s—Dr. Elliotson not having seen more than two or three cases. He has not had (before the present) even one dissection of such a case; but it has been generally given as symptomatic of a communication existing between a cavity in the lungs (communicating with the bronchia) and the cavity of the pleura, containing air and fluid. It has, however, been more recently allowed to exist, as in this case, when a cavity merely exists in the lungs, containing some fluid, and communicating with the bronchia; the sound being produced (“resembling a very small hard body, striking against a metallic

or glass cup”) in both cases, apparently, by a portion of fluid detaching itself from the superior surface of the cavity, and falling in the liquid below: such, at least, is the impression conveyed.

Another rare and much more interesting circumstance in this case, is the appearance, in the left lobe of the cicatrization, of a former cavity. We have before seen one case similar to the above, as regards the texture of the substance—dense and semi-cartilaginous; its form—that of ramifying or branching off like the irregularities of a vomica, and its situation—at the most exterior part of the lungs. But it differed from it, and also from the case seen by Dr. Elliotson, and from most described by continental writers, in not having a contracted or puckered appearance on the surface. If this is in reality (and of this we have not much doubt, both from the previous history of the patient, and its anatomical structure) an additional instance of what we have above designated it, we may still entertain the hope that tubercular phthisis is not inevitably, though so generally, fatal.

Extensive Carbuncle.

W. R. æt. 56. A full habit; has not, however, generally good health, having for three years been subject to asthma, for which he has worn on his chest, both anteriorly and between the scapulæ, pitch plasters, and about three weeks before his admission he observed a boil in the latter situation; this gradually increased in size, without very much pain. A few days before admission his surgeon punctured it, and a thin serous matter was discharged, since which the pain and burning sensation in the part have been more severe.

When admitted he was suffering considerable pain; the carbuncle measured 7 inches by 6, of a dark purple hue, somewhat elevated; indurated, particularly at the circumference, and discharging from several minute openings a fluid similar to that before described, and very foetid. There was some constitutional disturbance; skin rather hot, appetite impaired, and bowels costive.

Mr. Tyrrell, on the 4th, made a free crucial incision the whole extent of the disease, and ordered a lotion composed of one part chlorate of soda to five of

water, to be applied, and over this a poultice—

Sulph. Quin. gr. iij. 6ta. q.q. hora sumend.
Calom. P. Opii āa gr. j. nocte manequē.
Ol. Ricin. pro re nata sumend.
Port Wine 8oz. daily.

5th. Pain less severe. Discharge still thin, but not so foetid. Bowels open. The above measures were persevered in, and on the 9th the slough was separating from around the incisions. The pain was comparatively trifling, and the discharge continued less foetid.

Pergat.

12th. The slough further separated, and a partial granulating healthy surface exposed. His appetite somewhat improved.

Ord. Mutton chop daily.
Pint of porter. Omit wine.

Pergat.

14th. The slough has completely separated, and the part presents a healthy granulating surface, discharging a more healthy matter. His porter again, at his request, changed for wine.

It is needless continuing further details; suffice it to say, the lost tissue was gradually reproduced by a continuation of this healthy granulating process, and on the 25th Feb. he was dismissed, cured.

The above is by far the most severe case of carbuncle that has for some time been seen at St. Thomas's. The advantage of the method employed on his admission, viz. that of making a free crucial incision, to assist in the separation of the dead parts beneath, is now too well established to be denied; the relief afforded to the pain in this instance was unequivocal, and instead of extending around the circumference as it had hitherto done, implicating more and more of the cellular tissue, its progress was completely arrested, and a healthy process set up. But other measures it will be seen were employed, and it may be worth inquiring what share of the burthen they had in the cure.

With respect to the *chlorine* in this case, we have not seen sufficient of its employment to speak with any degree of certainty as to its merits, except as regards correcting the foetor; that it possesses this property in an eminent degree is very certain; it was observed in this case, and we have seen it in some others, one of which we will mention.

A woman was operated on in an hospital at the West End for strangulated femoral hernia; a portion of omentum was found firmly adherent in the sac; it was left there, and sloughed away; but during this process the foetor was so horrid that the bed could scarcely be approached; a solution of one of the *chlorurets*, we think of soda, was applied, and in half an hour the foetor was completely overcome. We are, however, strongly inclined to attribute more important effects than this to chlorurets applied to sloughing ulcers; but considering the matter as sub judice, we forbear entering further on the subject, but recommend those who feel any interest on this head, to follow Mr. Travers round the wards. We are watching several cases, and shall return to the subject. S.

ST. GEORGE'S HOSPITAL.

Preternatural Abdominal Pulsation.

THERE is at present in the hospital a patient with disease of the spine, who has been the subject of several examinations, and no little variety of opinion, on account of a preternatural pulsation of the abdominal aorta.

He was admitted in the month of July last, under the care of Mr. Keate, with abscess in perinæo, which was relieved by proper remedies; but he subsequently complained of pain in the back, and other symptoms indicating disease of the spine. On examination, this was found to be the case, for there was a distinct projection backwards of three of the lower dorsal vertebræ; apparently the 9th, 10th, and 11th. For this disease he was treated by position, counter-irritation, and, finally, the application of caustic issues, with the effect of entirely dissipating the pain, and perceptibly diminishing the prominence of the vertebræ. In the beginning of November, however, he had an attack of fever; and then, for the first time, called Mr. Keate's attention to a distressing throbbing in the belly, which, he said, had existed for some time previously. We examined the patient at that time, and the following were the appearances which he presented.

To the left of the umbilicus, and from that upwards, along the spine, to nearly opposite the point where the

aorta passes beneath the crura of the diaphragm, there is felt (and *seen* too) a very powerful pulsation. It is most violent at the umbilicus; gradually diminishes as you ascend the spine; at the *right* of the navel it is almost immediately lost, but can be felt for the distance of an inch or two to the *left*. By firm pressure, a pretty distinct tumor can be felt, *apparently** (to us) an enlargement of the artery itself. It seems to be about the size of a very small egg—scarcely so large—and the pulsation can be stopped by pressure; but whether the tumor itself suffers much diminution, cannot be distinctly ascertained. On withdrawing the pressure, the pulsation returns with a distinct thrill, said to be characteristic of aneurism, but which is really not the case, as we have very frequently observed it when not a shadow of an aneurism existed. There is no unusual pulsation in the iliacs, nor, indeed, in any other tangible vessel; no pain in the tumor, except on pressure; not much disturbance of the health. Neither the tumor nor the pulsation is affected by changing the position of the patient. Many gentlemen were of opinion that there was something behind the aorta, throwing it forwards; probably a deposition of new bone on the bodies of the vertebræ. Mr. Jeffreys thought it was an aneurism; and so, we believe, thought Mr. Rose.

He was kept quiet in bed; the temporary feverishness passed away; the spinal affection improved; and in the beginning of December, upon examination, we found that little, if any, tumor remained, and that the pulsation was far less distinct. He was directed to get up and walk about the wards, which he did without the slightest inconvenience, as far as the abdominal pulsation was concerned. In the beginning of February, the pain, &c. in the back returned, so that he was obliged to resume his bed; and, at the same time, the aortic pulsation became more distinct. At present, the artery can be felt beating plainly enough, but it appears to be of its natural calibre, and the impetus of the blood is now scarce-

ly more violent at the umbilicus than in the remainder of the vessel.

It appears to us that the pulsation may be accounted for, independent of the supposition that any new deposition of bone has taken place on the bodies of the vertebræ. In the first place, the man is thin, and the lumbar vertebræ can be felt by firm pressure on the abdomen; but no irregularity, or unusual prominences, can be distinguished upon them. In the second place, if the aorta was thrown forwards thus by a *bony* tumor, why should the pulsation have diminished so remarkably, and that for a considerable space of time? The bone, if it was there at all, must have been there still, and yet the symptoms to which it was thought to give rise in a great measure disappeared. The case, it will be observed, was not one of "lateral curvature," but a projection of the lowermost *dorsal* vertebræ *backwards*. Now it is a well known fact, that the spinal column never takes one curvature but it takes a second, obviously for the sake of making the centre of gravity still fall within its base. Thus, if the spine takes an inclination to the *right* side in the loins, it will also incline to the *left* side in the back, and so on. Again, as in this case, if the lower dorsal vertebræ project backwards, the lumbar vertebræ must project forwards, or the centre of gravity will be *without* the base. This will account for the aorta being thrust forwards, and its consequent pulsation; as well as for the diminution of the latter, with the diminution of the spinal distortion which produced it.

The patient on whom Mr. Brodie tied the external iliac is going on tolerably well. We omitted mentioning in our last, that on the 3d he was ordered dilute sulphuric acid, in infusion of roses, and that he has been continuing it since that time. On the 7th, the ligature came away, and the wound at present is filling up, though slowly, with granulations. It is feared that there is some affection of the lungs going on, as he is still troubled with a dry hacking cough, night sweats, and feverishness. The appetite is indifferent; the bowels costive; the tongue white; the pulse indicative of debility and irritability. Besides these not very encouraging symptoms, the countenance is pinched and anxious, the temper is peevish, and

* In this, as afterwards turned out, we must have been mistaken. That there *was* a tumor, there can be no doubt, as many felt it; *what* it was, is quite another matter.

there is evidently the "mind diseased," to which surgery, unfortunately, cannot minister.

Case of Malignant Tumor growing from the Vagina.

ELIZABETH BICKNELL, ætat 25, unmarried, of pale complexion, presented herself, Feb. 19th, with an anomalous-looking tumor, growing from the anterior part of the vagina. It was perfectly circular, about the size of a walnut, and arose from the right side of the vagina, just below the clitoris, pushing the orifice of the miatus urinarius to the left. Its lower half was encircled by a prolongation of the vascular lining membrane of the vagina its upper was rough, of a yellowish brown colour, and sloughy appearance, and had evidently protruded through the lining membrane, as the fungus, arising after chronic inflammation of the testicle, does through the ulcerated scrotum. The tumor was circumscribed, and Mr. Brodie, under whose care the patient was admitted, thought that he could get his finger in some measure behind its root. Upon examination, the os tinæ, and other parts in the neighbourhood, were found to be perfectly natural.

The patient stated, but, from obvious circumstances, we could not get a very full history of the case, that the tumor had begun about two years previously, after a fall; that she had suffered at times considerable pain, and that she had never mentioned the existence of the disease to any one until a week previous to her admission into the hospital.

She was purged, and cold lotion applied, but on the 10th March the tumor had very perceptibly increased in size, and had put on a more sloughy appearance. Mr. Brodie observed, that he had never witnessed a similar case, but as the disease was evidently making head, he thought the safest plan would be to remove it by the knife as soon as possible. Mr. Keate and Mr. Rose concurred in the propriety of the measure, and next day, the water having been previously drawn off by the catheter, Mr. B. proceeded to the operation. This was done by dissecting off the vaginal membrane from the base of the tumor, and then completing its separation from the parts beneath by means of the handle of the scalpel, care being taken to avoid injuring the urethra. The tumor was found to proceed from the cel-

lular tissue, immediately beneath the mucous membrane of the vagina; and upon cutting into its substance, had somewhat of the medullary character. It could not, however, be fairly classed either with schirrous or fungous hæmatodes, but presented that appearance which the surgeon would at once pronounce to be malignant.

A light compress was applied, and the patient removed to bed; but about an hour afterwards, Mr. Brodie happening to visit her, found an artery at the bottom of the wound throwing out its blood in a stream as large as a crow-quill. With some difficulty it was secured, and the wound stuffed with blue lint. On the 12th, the lint was removed, and the hæmorrhage did not return. She is at present (March 18th) going on favourably: the wound looks well, and is contracting: her health is improving, and care is taken to have the water regularly drawn off by the catheter.

MIDDLESEX HOSPITAL.

Case of Scrotal Hernia; attended with some peculiar circumstances.

WM. COOPER, æt. 47, was brought to the hospital, at five o'clock in the morning of the 10th February, by a surgeon who had previously attended him. He had a scrotal hernia on the right side, which, on his being placed in bed, was reduced with the greatest ease.

It was then stated, that the patient had been subject to hernia for twenty years; that it had come down five years ago, and there had been some difficulty in reducing it. After that time, he wore a truss, but continued the use of it for a short time only. On Thursday last, (the 7th,) in the evening, his rupture again came down; he felt sick, and took a black draught, which he vomited. Next day he sent for a chemist, who made several attempts to reduce the hernia: upon his not succeeding, he confessed that he had not much experience in these cases, and left the patient. About two o'clock in the afternoon, he was seen by the surgeon who accompanied him to the hospital. This gentleman succeeded in reducing the hernia; so that the tumor disappeared, and he could even push the point of his finger into the external abdominal ring. The patient expressed himself greatly relieved after this operation. He obtained no evacuation from his bowels,

however, from the time that the hernia came down until he was conveyed to the hospital. This surgeon gave him, in separate doses, to the amount of fifty grains of compound extract of colocyath, and sixteen grains of calomel, and several injections by the rectum. He also bled him, soon after the operation, to twenty ounces.

When brought to the hospital, his condition shewed that he was in a state of great danger. He had constant vomiting; his abdomen was swelled and tympanitic, and exquisitely tender to the touch, particularly at the lower part, on the right side; he had a small, quick, almost a fluttering pulse; his features were sunk and pallid. The house-surgeon ordered him a dose of castor-oil, with laudanum, and a clyster. When visited at ten o'clock he had had three motions, and expressed himself as being a great deal better, and quite easy. His pulse was fuller. During the greater part of the day, he continued to feel easier than he had hitherto been. But about six o'clock in the evening, it was found that his extremities were cold and damp; he was restless, complaining of pain in his abdomen. He died that night. It is to be remarked, that the hernia came down repeatedly during the day, and was each time reduced with great facility.

Dissection.—The hernia was in the scrotum: it had come down shortly before death. Upon cutting through the abdominal muscles, the intestines rolled out from the incision, being distended with flatus. All the small intestines were highly inflamed, distended to the utmost, and, in some parts, loaded with dark fluid contents. The portion of gut which was included in the hernial sac was a knuckle of the intestinum ileum, very near its termination in the cæcum. Above the stricture, the intestine was of a deep red colour, marked with several patches of an inky blackness, and it was loaded with dark offensive fluid. On turning these coils aside, the lower portion of the ileum, leading from the hernia towards the cæcum, was seen small and contracted; its folds being in a mass together. These were of a pale green colour, and their surfaces were marked here and there with dark mortified spots. In the colon there was nothing to remark, except that it was contracted, and that it had not partaken of the inflammation. There was a large duplicature of the transverse arch, with a thickened mass of omentum attached to it, which appeared, from its form and the old adhesions that united it, to be the portion which had been reduced five years ago, when the rupture had come down.

(Fig. 1.)

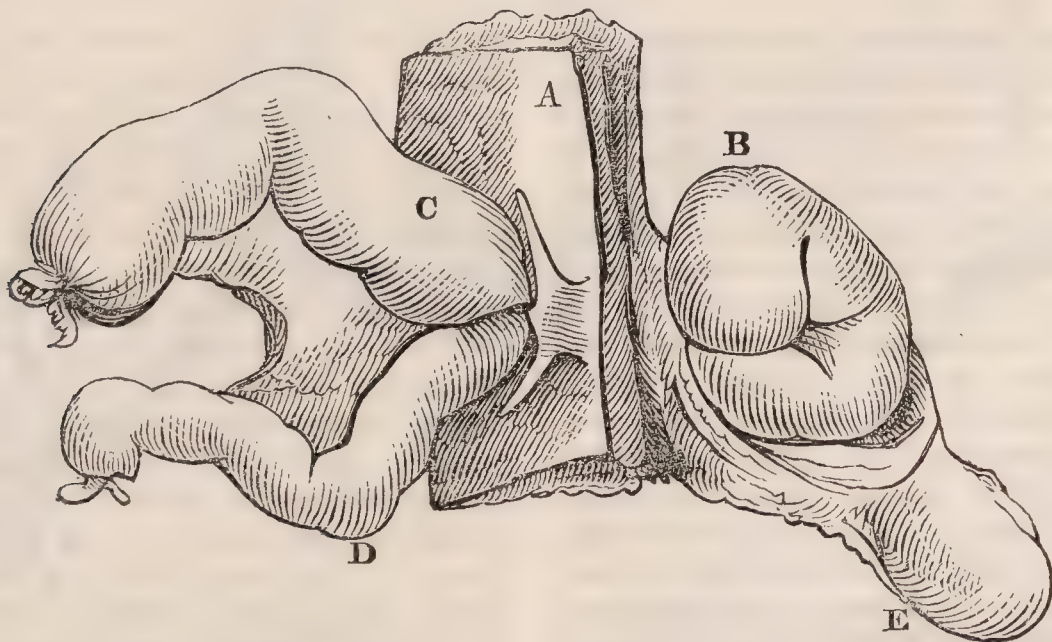


Fig. 1.—A, a portion of the abdominal muscles, with the peritoneal lining.

B, the strangulated fold of intestine.

C, the superior portion of the intestine.

D, the inferior portion of the intestine.

E, the testicle.

The dark lines, at the part where the intestine is embraced by the stricture, are intended to represent the duplicature of the peritoneum, which, being unfolded, formed a sac for containing the intestine when reduced.

On examining the contents of the hernial sac, there was a fold of distended mortified gut included within it. The coats were here of a dark brown, and in some places of a perfectly black colour: they were thicker and more pulpy than natural. Where the stricture was, the gut appeared soft, as if it were about to ulcerate. Around the neck of the sac, which formed the stricture, there hung a fold of the peritoneum upon the inside, which was loose, resembling an empty bag. Upon squeezing the strangulated portion of intestine, evacuating some of the air which distended it, and then reducing it, it was found that the intestine could very easily and effectually be pushed through the external abdominal ring, so as to be hid from the sight. On looking to the inside, however, it was seen that the portion of gut had carried the neck of the sac before it into the abdominal cavity; and the duplicature of the peritoneum, which has been described, being unfolded, had formed a new sac for in-

cluding the knuckle of intestine, on the inside of the abdominal muscles. Thus the fold of intestine was pushed through the external abdominal ring, through the spermatic canal, and through that part which is described to be an internal ring, (but of which ring no trace could be seen,) and was reduced with the abdominal muscles:—but not within the abdominal cavity. The neck of the sac had been torn off from the internal ring, in the effort of reduction, but continued to grasp the included portion of gut.

There was another remarkable circumstance observed, which related to the sac lodged in the scrotum. At the lowest part, there was a hole of communication between that sac and the cavity which is between the coats of the testicle. This orifice was so large that the finger could be passed through it; and its margins were so dense as to resist dilatation. It appeared to be the sac of a congenital hernia, pushed down before a common one*.

(Fig. 2.)

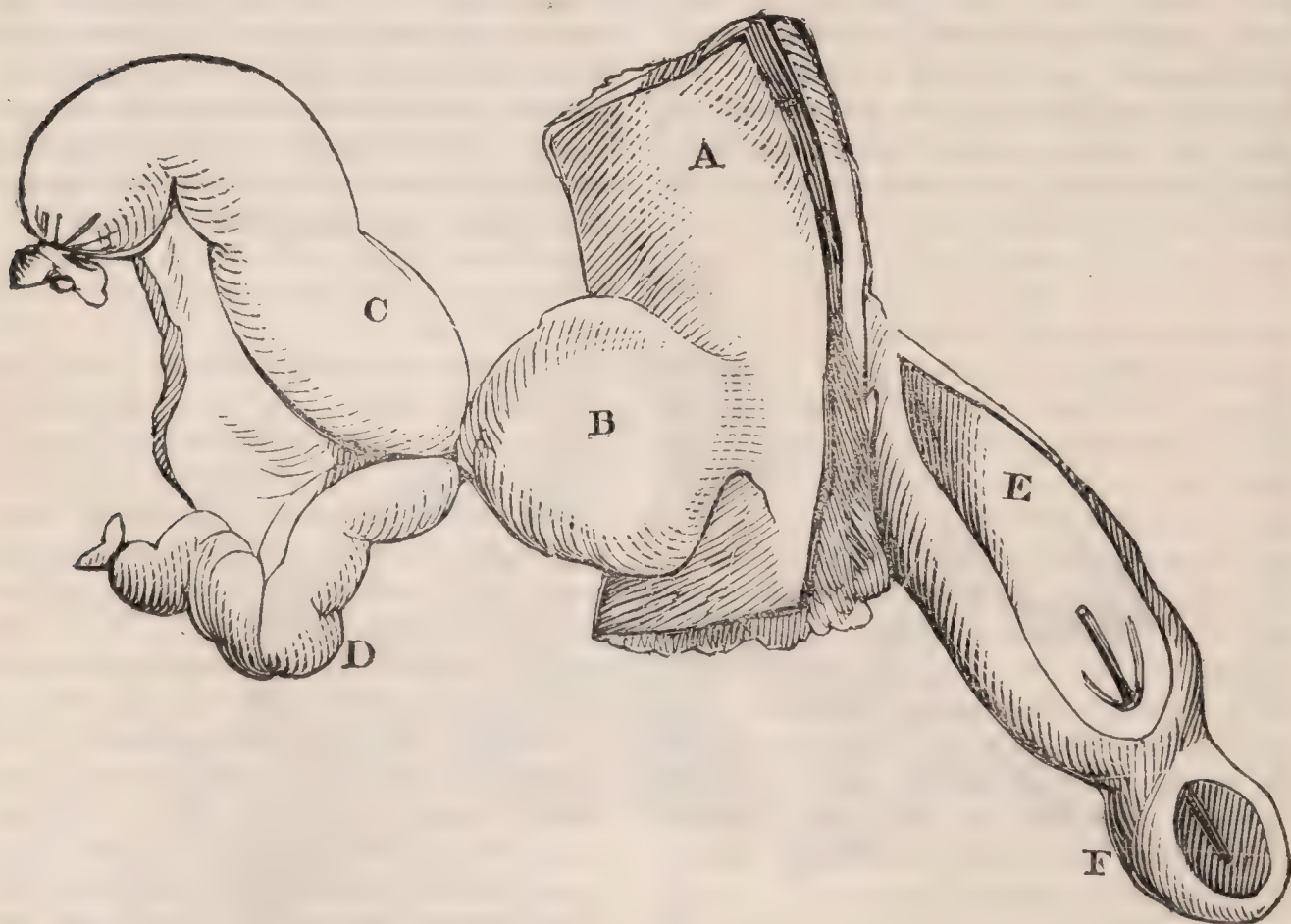


Fig. 2.—A, abdominal muscles.

B, the tumor, formed when the strangulated intestine was pushed, through the spermatic canal, into the sac formed by peritoneum, in the inside.

C, the superior portion of intestine.

D, the inferior portion of intestine.

E, the inside of the hernial sac lodged within the scrotum.

F, the testicle:—the vaginal coat has been opened. A bougie has been passed from the hernial sac into the cavity formed by the tunics of the testicle, through an opening which forms a communication between them.

* This case formed the subject of a Lecture by Mr. Bell, which will be given in a future Number.

PROCEEDINGS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

March 17th, 1828.

DR. HASLAM, PRESIDENT, IN THE CHAIR.

AT this meeting, Mr. Lloyd corrected some errors which had gone abroad, in respect of his opinions on the subject of Mr. Amesbury's apparatus for fractures of the thigh. He (Mr. L.) had *not* said that he was ignorant of the construction of Mr. Amesbury's apparatus; he had not said that he had followed Mr. Pott's plan. There were several other mistakes. Mr. L. then recapitulated his observations on the efficacy of the ordinary means of treating fractures of the thigh, if employed with that degree of attention which the peculiar nature of the injury requires.

Mr. Callaway said, that there had been also some misapprehension of his opinion on the subject of Mr. Amesbury's apparatus. He (Mr. C.) had *not* admitted "the utility of Mr. Amesbury's apparatus, in many instances where common means had failed;" the cases that Mr. Amesbury had treated were, in general, exceptions to the common rule. He certainly had expressed his approbation of the ingenuity of that gentleman's contrivances. Mr. C. could not allow that the common means were, as Mr. Amesbury had stated, unsafe, and totally inadequate to the purpose required. Hundreds of cases which had terminated in the happiest manner, bore testimony to the propriety and success of the ordinary modes of treatment.

Mr. Kingdon, after complimenting Mr. Amesbury upon the zeal and industry with which he had followed up his researches on the subject of fractures, could not refrain from affirming, that in all the cases that had fallen under *his* care, he had been able, by ordinary means, to fulfil all the indications to which Mr. Amesbury had drawn the attention of the society.

Mr. Amesbury replied at great length.

At a late period of the evening, Mr. Callaway mentioned a case of fracture of the olecranon, accompanied with a fracture also of the internal condyle;—a singular complication. The indications of cure for the respective fractures in this case, as generally taught, appeared to be incompatible.

The time of the society being expend-

ed, the further consideration of this interesting case was postponed to the next meeting.

WESTMINSTER MEDICAL SOCIETY.

March 15, 1828.

DR. BARRY IN THE CHAIR.

MR. CÆSAR HAWKINS brought forward the subject of the "Diagnosis of Hernia," in a very able and comprehensive speech. He first noticed the symptoms which distinguish strangulated hernia from other diseases of the abdominal viscera, as ileus and inflammation of the intestines. The diagnosis, in acute cases, he thought at times extremely difficult: in chronic, comparatively easy. Mr. H. then alluded to the tumors which may be mistaken for hernia—as varicocele, and varix of the veins of the round ligament for inguinal hernia, and a varicose condition of the femoral vein for femoral hernia. Of this latter blunder, Mr. H. detailed an instance which he had lately an opportunity of witnessing, and a man died not long ago in St. George's hospital, who had worn a truss for fourteen years for simple hydrocele. Enlarged absorbent glands have been mistaken, even by eminent surgeons, for a rupture; and the dense fat in the groin has been taken for omentum, and pushed up under Poupart's ligament, wherein the gut remained unreduced below.

The next point considered by Mr. H. was the diagnosis between omental and intestinal hernia. In acute cases, this is sometimes attended with difficulty; but in the chronic, there are particular symptoms to guide us, such as the dragging pain in omental hernia, or assuming the erect posture, &c. In interoccele, purges will be useless or worse; whilst in epiplocele, they may mitigate the symptoms: in the former too, the operation is more imperiously and quickly required than in the latter. Mr. Hawkins concluded by alluding to the state of the intestine in the hernial sac; and gave it as his opinion, that in acute cases, bleeding and the warm bath ought to precede the application of the taxis. Mr. H. made many other very interesting remarks, which we are sorry our limits will not allow us to detail.

Dr. Somerville was rather surprised that the author had not touched upon those cases in which the patients sink after the operation, apparently from a

state of nervous commotion, or "constitutional irritation."

Mr. Lambert of course felt himself called upon to ridicule this idea. The jet of his argument was, that there always exists some local mischief or irritation; but how he made it explain the series of phenomena which is occurring daily, and has been designated by the conventional term of "constitutional irritation," we confess we were quite unable to understand.

Mr. Bennett declared his opinion that there was a something, which is certainly not inflammation, and which follows severe accidents or operations, in animals as well as man.

A gentleman having related a case in which he had mistaken a suppurating gland for hernia, Mr. Lambert attacked him pretty hotly, and declared that the symptoms of strangulation were so clear that no man ought ever to mistake them. Mr. North immediately asked him to detail these symptoms, as they were so plain, and a general buzz of applause throughout the room seconded the motion. Mr. Lambert, after some hesitation, and a profession that he neither understood nor cared for "the feeling of exultation" which had been so generally expressed, declared that he was not inclined to pay so much attention to the local as the general symptoms. There were a small hard pulse; obstinate constipation; vomiting; and tenderness of the abdomen! Mr. North observed, that if Mr. Lambert neglected the local symptoms, he was not of the general way of thinking; and that Mr. Lawrence himself lays considerable stress upon them. Another gentleman remarked, that the symptoms enumerated by Mr. Lambert were common to inflammation of the intestines, or intrisusceptio, as well as hernia.

* * * Mr. Wade on Diseases of the Heart, next evening.

HUNTERIAN SOCIETY.

March 12th, 1828.

DR. BILLING, PRESIDENT, IN THE CHAIR.

MR. HOOPER brought under the consideration of the Society the effects of terror on the heart. A man, 67 years of age, underwent extreme agitation, owing to a fire in his neighbourhood, and from this period he never ceased to feel weak and low. Six weeks afterwards, he complained of pain at the scrobiculus cordis. At times it was so

severe as to draw him nearly double, and this occurred mostly after eating. He had also occasional vomiting. Supposing that inflammation of the mucous membrane existed, the patient was bled, and calomel and opium administered. Dr. Babington saw him, and concurred with Mr. Hooper that there was no indication of danger; and, indeed, the man became so well, that nothing seemed to remain except weakness. However, on merely rising in bed, he suddenly expired.

On examination, the mucous membrane of the stomach was found in a state of erythema. There was a line of inflammation passing along the diaphragm, from a point corresponding with about one-third of the heart, to the liver. About three drachms of serous fluid were effused into the pericardium. The heart was remarkably soft, but exhibited no sign of inflammation.

The President reminded the meeting that inflammation had the effect of softening some of the structures in which it occurred. He adverted also to the extreme depression of the vital powers, which often happens when an accident has been preceded by mental agitation. He drew a contrast between the effects of accidents arising from pressure in a crowd, and when the same injury occurs at once, without allowing time for previous agitation; as in the recent fall of the Brunswick theatre. Under the former circumstances, he said that it often was impossible to rouse the exhausted powers; whilst, under the latter, no such difficulties were encountered.

Several other interesting cases were mentioned, but which our limits do not admit of our detailing.

NOTICES.

Communications have been received from a number of Correspondents.

We regret that we cannot give insertion to the accounts of Guy's and St. Thomas's dinners; their interest is entirely local.

We have received a communication signed "Q. in a Corner," but it is not in the same hand-writing as the others bearing the same signature; and we would suggest the propriety of our correspondents taking care not to interfere with each other in this respect.

ERRATUM.

We request our readers to make the following correction, as it materially affects the meaning:—Page 432, in the sentence, "If one carotid was tied without injury to the adjacent veins, the eye was seldom affected;" for veins read nerves.

THE LONDON MEDICAL GAZETTE,

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[Vol. I.

ON THE
ELEMENTARY NATURE OF ANIMAL
STRUCTURES.

By S. D. BROUGHTON, Esq.

—
“There are more things in Heaven and earth,
Horatio,
Than are dreamt of in your philosophy.”
Hamlet.

—
THE revival of the microscope in its application to minute structure, seems to hold out inducements for proceeding with the investigations of animal textures, and to present to our view prospects more promising than those which terminated the labours of Lewenhoeck and Hewson, and emanated from the more recent researches of Sir Everard Home and Mr. Bauer.

The speculations of the mechanical school, derived from microscopic observations, have not tended to the advancement of physiology, and, consequently, the blame has been transferred from the philosophers themselves to the instruments they employed. The demonstrations of lenses, therefore, sunk to the level of popular amusements, and “the wonders of the microscope,” have been almost exclusively devoted to infantile recreation.

Some of the earliest observations on minute structure appear to have originated with Vicq-d’azyr, Hooke, Swammerdam, &c. and their accounts of the globular structure of muscular fibrillæ were corroborated subsequently by Mr. Bauer, Messrs. Prevost and Dumas, and others both in this country and France, excepting some points relating to the forms and dimensions of the globules, and the cylindrical shape and

nature of the fibrillæ which they constitute. The mere existence, therefore, of a knowledge of such particles, is not of modern date; and though, perhaps, the hopes and expectations of physiologists have been disappointed, it is to be wished that the subject should not be neglected, more especially when the latest observations to which we can refer place it in a light at once novel, promising, and interesting. It is with this view that I am induced to employ my pen in endeavouring to excite the attention of physiologists to certain hints which may possibly be culled from a more extended and comparative investigation of organic bodies, both solid and fluid, and in the hope that some general principle may be established calculated to illuminate the darkness which obscures the phenomena of organization, and still leaves the conversion of nutriment into animal textures a mystery in need of some more successful clue than has been derived from the otherwise meritorious labours of animal chemistry.

It must not be concealed that microscopic investigations are liable to error, and that optical delusions have occurred, and will ever continue, probably, to falsify, more or less, the evidence of our vision. Constant and repeated observation will, however, tend to diminish the weight of this objection; while the practised eye and master hand in time acquires the tact and management necessary to the use of glasses.

Two general rules appear to be useful in directing the collateral observations of different persons: one, the mutual adoption of similar instruments, and equal focal powers; the other, the precaution of not employing a too highly magnifying power. By the first

rule we strengthen the testimony of others, whether corroborative or not of our own; and by the second we are more likely to avoid preternatural distortions and false representations.

Having been of late in the habit of devoting an hour every week to some physiological discourse, before the pupils of the St. George's and St. James's Dispensary, and others, I have had occasion to turn my attention to this subject, though very sceptical as to some of its points. The instrument employed is one of great power and small compass—Gould's pocket microscope, sold at Carey's, in the Strand. The power which I found best calculated for my objects was that which magnifies them four thousand times; the highest power of which the microscope is susceptible being six thousand four hundred.

With this instrument I was enabled to demonstrate, by candle light, the elementary structure of the membranous, muscular, and medullary textures of the body; the globules of the blood, &c.; together with the minute fabric of plants, and the animalculi of vegetable and other infusions.

The points to which I imagine the attention of physiologists may be most usefully directed, belong to the striking similarity between all the elementary particles of animal textures and fluids, and the resemblance of these to the simplest-formed animalculi of various organic solutions. Upon these points we appear to possess evidence in favour of a common identity of primitive organic particles, and some clue to the perpetuity of organization through the nutritive functions. But further investigation is required to sanction ideas apparently so unsupported by facts of sufficient tried strength at present, and we are not yet warranted in making hypothetical positions in any other form perhaps than that of a suggestion, which may lead to more enquiry and reflection.

It has been long known to naturalists, that, under certain circumstances, and in the spring season, watery infusions of all kinds of vegetable matter, and the liquid contents of gutters, ditches, and ponds, rectified spirits of wine, &c. &c. team with life in various forms of organization, of which myriads float about a single drop of the liquor, invisible to the unassisted eye, but when placed in the field of a microscope, they are seen

moving to and fro with great rapidity; and these minute beings apparently thread their course through their native element in the full enjoyment of spontaneous motion, and probably proportionate to that which the gigantic forms of the grampus and the squalus maximus may experience in darting through the seas, though the bodies of the former be invisible to human eyes, and their sphere of action limited to a single drop—to them a boundless ocean.

These animalculi have been regularly classed and figured, and placed by Cuvier at the bottom of his classification of known animal species, together with upwards of thirty different kinds of animalculi observed in the seminal fluid of various animals. These accumulated facts are very curious and interesting; but what appears still more so, is the gradation of the animalculi, to which Cuvier gives the name of infusoria, or the products of infusions, from a simple minute globular body, called the monas, to the more complicated forms of the rotiferæ or wheel animalcules. The last and simplest order of the infusoria contains the monades and volvoces. The latter are so called from a peculiar action of turning themselves upon their bodies. The monades and the volvoces are mere apparent vesicles—minute globular forms, similar, to all appearance, to the globules of the blood and of the fibrillæ of muscle. Then, as the scale ascends, comes the proteus, with its ever changing figure; and, by degrees, as in the seminal animalculi, a tail is added to the globular bodies. Still higher in the scale another order of infusoria is furnished, with a mouth, and a more complete digestive organ, &c. till we arrive at that singular being the wheel, so called from its front being provided with an apparatus, the teeth of which resemble a wheel, and are perpetually vibrating with a revolving motion. In some of these higher orders the tail appears to be articulated. The wheels are supposed to be organs of respiration. But it is very remarkable, that in the lower order there is no distinct moving organ visible, although the species enjoy spontaneous motion freely. Some of the infusoria are perfectly globular, some flat, some oval, and others oblong. They all belong to the class of zoophytes.

When chemically examined, these animalculi afford a predominance of

animal matter, in the form of gelatin, the ultimate principle of which most prevailing is nitrogen. They not only, therefore, possess the peculiar vital principle of contractility, but are animalised in their composition. No nervous system is to be detected.

If we refer to the modes of their development, we find that these animalcules may be brought into activity from any organic substance, probably whether of vegetation or animal structure, provided absolute dissolution or putrefaction has not taken place, so as to break up the primitive and ultimate texture, and disperse the elements of which its particles are formed. Boiled potatoes, macerated in water, yield them quickly. Rectified spirits of wine exhibits myriads of the simplest kinds, in such active motion as to create a tide in the drop of spirit. They may be produced from dry cantharides and pepper, macerated in water; but no pure water contains them. The water must have been in contact with organic matter before any animalculi appear. There seems to be no kind of vegetable matter whatever which is incapable of yielding animalculi when it is moistened either with vinegar or water. As to animal substances macerated in water, it appears that these have exhibited floating globules in motion also, from recent microscopic observations. Some tact and management seems to be requisite in calling these into a state of activity, and want of success evidently has depended upon ignorance of the proper arrangements necessary to produce the phenomenon. Veal and other animal substances have been stated to furnish globules, moving spontaneously when liberated by maceration. I soaked some hairs from a horse's tail in water, and there very shortly appeared a moving mass of animalculi, similar to the figures of the volvoce and monas: many of these appeared in the latter form exactly resembling the globules of the blood, but exerting spontaneous motion, darting here and there, and changing their direction frequently. The border of a hair exhibited the fimbriated edges (first described, I believe, by Bichat) in a state of active movement, as if teeming with life. Differently-sized globules, some extremely minute, and like the particles of muscular fibrillæ, were crowded together, and vibrated to and fro in proportion to the room which

they enjoyed. Farther patiently-conducted observations may probably tend to corroborate the testimony of others as to the independent motion of animal particles, when liberated from their attachments in the primitive organization of different textures.

Dr. Milne Edwards, of Paris, seems to have detected the existence of animalculi in vegetable matter removed from darkness to the solar influence, when the previous whiteness of the substance is converted into green. He states, that he distinctly observed the green matter to be formed of moving globules like the monades. When the matter examined adhered to the glass on which it was laid, from deficient moisture, the particles were stationary; but on adding a drop of water, they shewed evident signs of possessing spontaneous motion. This author has carried his microscopic observations to a great extent, and the accounts which he has detailed are marked with a character of considerable veracity, accuracy, and intelligence; and related with all the simplicity and clearness that is calculated to produce confidence in his results. His conclusions are decidedly in favour of the existence of one uniform primitive basis, common to every species of animal texture, in the form of minute globular bodies, invisible to the unassisted eye, but evident under the magnifying powers of a good microscope, and assuming universally a certain determinate arrangement. Thus in the membranous texture minute filaments are seen, forming a net work, and each filament is composed ultimately of globules, in distinct rows, their lines of direction intersecting each other in an apparently confused manner, but upon close observation always assuming similar series of globules in succession. The fibrillæ of muscular fibres are composed of the same kind of globules; but these, instead of assuming bent and intersecting lines of direction, as in the net work of membranes, are formed in straight and parallel rows of globules, separate and apart from each other. In the medullary texture, the same globules appear; but here they form lines less like net work than in the membranes, but departing from the parallelism of the muscular fibrillæ, not so straight as the one, and not so convoluted as the other.

In the three elementary textures of

the animal structure, of which all its fabric is composed, the ultimate particles are alike in their original form and size, the individual textures differing only as to the lines of direction in which their globules are placed, but always assuming a definite degree of uniformity, characterising each particular modification of organised texture.

Now, in order to exhibit this ultimate globular arrangement of the three principal textures of the body, a thin slip of either, nearly transparent, and in a state of moisture, should be brought into view upon the field of a microscope magnifying about four thousand times; and when the fibres are pulled asunder to the utmost extent of their divisibility, the ultimate fibre will be displayed, each (in muscle) lying parallel with the one next to it, but unconnected with it; and in this manner five, six, or more, appear lying alongside of each other, like rows of beads, each bead apparently connected to its fellow on either side by some fatty or gelatinous semi-fluid. According as the substance examined is disturbed by the effort to display its minute structure, the rows of globules will be slightly bent aside perhaps, or some of them lie across the others, and so on. Also, by maceration, many of the globules are separated from their attachments, and float about the drop of water in which the fibrillæ lie, putting on the exact appearance of the animalculi termed monades.

In this manner Dr. Milne Edwards has examined the cellular and other membranes, tendon, muscle, nerve, brain, skin, gland, and the second coat of the arteries. In the whole of these substances the ultimate particles have been found just as described above—uniform in size and appearance, but formed in differently directed rows, according to the individual species of texture.

In the glandular texture, the ultimate globules were observed to be agglomerated together in a confused mass, to all appearance assuming less definite lines of direction than in the other textures, if any, and constituting the parenchyma of glandular bodies which occupies the cells of their cellular membranous structure, as the interstices of the medullary net work are filled up in the brain and nerves.

Thus Dr. Milne Edwards imagines he has established the demonstration of

one elementary, primitive, and organic particle, as the basis of every form of animal structure in common; and resembling those minute globules observed among vegetable infusions, and classed under the title of *monades*, or the first appearance of life and organization in its simplest form; and the first produced in vegetable and animal infusions, when their texture is loosened or destroyed by maceration, previous to which they appear connected together in single rows, and apart from each other, some bent, some straight, some twisted, others irregular, and others again formed into a net work.

So far a similarity of ultimate structure is shewn to belong to the organic elements of all solid parts of animals. As to the fluids of the animal body, the observations of Sir Everard Home and Mr. Bauer have been verified abroad by Dr. Milne Edwards and others.

Some difference has, however, occurred in the individual descriptions of the globules of the blood given from time to time. Jurine calculates their diameter at $\frac{1}{5240}$ part of an inch, and at another period $\frac{1}{1940}$. Mr. Bauer states them to be $\frac{1}{1700}$. Dr. Young $\frac{1}{6000}$. Dr. Wollaston $\frac{1}{5000}$. Captain Kater $\frac{1}{4000}$, and subsequently $\frac{1}{6000}$. Dr. M. Edwards computes them at $\frac{1}{7500}$ part of an inch in diameter. Moreover, there is some difference in their alleged forms, although Dr. Edwards has not perceived any sensible variation among the elementary globules of organic matter, either in aspect or dimensions, but found the animal molecules constantly alike, solid and organised, assuming a constant and determinate form, whether examined in the blood after the removal of their vesicles, in the serum, or solid parts of the body. Dr. Young and others have described the sanguineous globule as having a depression in the centre. Mr. Bauer agrees with Dr. Edwards in thinking them perfect spheres; but the former author found them variable in diameter. Thus, in the coloured globules of the blood he found the diameter greater than in those divested of their colouring matter, as appearing in serum. In the coagula of old aneurismal sacs they measured $\frac{1}{2800}$ part of an inch; and in the colourless fibrin of inflamed blood, and the lymph poured out from an inflamed surface, the globules measured were of the same size. Serum also, kept closed

some time in a stopper bottle, spontaneously produced similar globules.

We have the globules observed in the blood, in pus, and in milk, uniformly the same as Dr. M. Edwards finds, and agreeing with the elementary particles of vegetable and animal textures universally. His examinations have extended to the four great classes of mammalia, birds, fish, and reptiles, wherein the uniformity is traced; but, in the molusca, the sanguineous globules seem to be larger than usual, according to his account, and this is attributed to a nucleus within a vesicle.

The leaves, slips, and stems of plants, exhibit a similar kind of net work to that of animal membrane, their ultimate filaments being formed of rows of globules; and these molecules agreeing with those of animal matter, both solid and fluid. Mr. Bauer, indeed, has imagined that the globules of the solids differ in diameter from those of the blood; but Dr. M. Edwards and others give a contrary opinion.

M. Dutrochet has made this subject his study, and he has arrived at the same conclusion as those of Dr. M. Edwards, &c. as to the globules, excepting that he seems to have noticed a different ultimate conformation of the filaments of the nerves compared with those of the brain, Dr. M. Edwards supposing no primary difference to exist, the only apparent variation being in the packing together of the fibres, and the directions of the rows of globules of which they are formed. M. Dutrochet, on the contrary, supposes these globules to be larger than those of the brain, and capsular, as in the molusca, and containing a substance within their capsules of a medullary or nervous kind in lesser globules. So M. Dutrochet considers the principal difference between the minute structure of the brain and nerves to consist in the latter *not being composed of simple rows of globules, but ultimately of diaphanous cylinders; the surfaces of which are studded with globular molecules*; and these are represented to be sometimes in contact with each other, and in rows; and sometimes separated from each other. And, since he observes them covering the surface of the cylinders without, he concludes that they also exist within, and constitute the medullary substance of the nerves. The object of M. Dutrochet, in thus destroying the harmony insisted on

by Dr. M. Edwards, as pervading the primitive structure of animal textures, by supposing the ultimate construction of the brain to be *corpuscular* and that of the nerves *fibrous*, is the introduction of an hypothesis built upon this assumed difference, regarding the brain as the *source* of nervous power, and the nerves as the organs of its transmission through tubes filled with a peculiar fluid, as the transmitting medium; and associating the structure of the brain itself with the agglomerated molecular arrangement in secreting glands, forming that substance termed their parenchyma.

In other respects, M. Dutrochet confirms the existence of rows of globules constituting the elementary structure of animal and vegetable matter; though he considers the corpuscles of the intervertebrated animals as larger than those of the vertebrated, the former containing cells of lesser molecules; whence he concludes that those of the vertebrati are also cellular, and enclose smaller bodies.

It is impossible to view M. Dutrochet's positions without perceiving at once, that his object is to carry his microscopic views into more minute divisions of matter than hitherto observed, and that he does not rest contented with the simple evidence of globules, as detailed by Dr. M. Edwards and others. His hypothesis of muscular contraction rests upon his supposition of still more minute corpuseles than those which accord with the general opinion; and where he apparently deviates from Dr. M. Edwards's system, the facts on which he grounds his reasoning want confirmation, as much as they obviously depart from the simplicity of modern physiology, and that conviction which Dr. M. Edwards's style so forcibly carries with it.

In a more recent paper than that in which Dr. M. Edwards published his last microscopic observations, he observes, that there is less difference between his own and M. Dutrochet's remarks than appears at first sight; and he finds, on carefully reviewing all the circumstances, that in reality they agree in the facts mainly, though they differ in the reasoning and interpretation.

Dr. M. Edwards seems to account satisfactorily for the appearance of the cylinders which M. Dutrochet supposes form the ultimate structure. Having properly prepared some nervous matter, he submitted it to microscopic observa-

tion, and apparently detected the cause of the alleged cylindrical structure. Sometimes the globules appeared floating in the liquid, and sometimes as an homogeneous mass, with the aspect of cylinders; and it was difficult to determine at times whether the globules covered some portion of the cylinders or whether they themselves constituted the intimate structure of the ultimate fibres, as generally supposed.

Dr. M. Edwards digested the substances examined with acetic acid, when their elementary globules were transformed into a gelatinous mass, which he imagines afforded the appearance of diaphanous cylinders to M. Dutrochet. He mingled a little acetic acid with the water in which the portion of nerve examined was dipped, when the nervous matter was rendered transparent; the parts nearest the surface became detached, and globules were seen separating themselves from the cylinders, till by degrees an immense number of them floated in the liquid, the others uniting in little transparent masses, presenting on their edges the aspect of a white jelly, diaphanous, and intermixed with globules.

Dr. M. Edwards states the globules of the nervous fibres to be most clearly evident in the lower animals; but that in the vertebrati, especially long after death, it is difficult to detect them, as the nerves are apt to acquire a transparency, and exhibit homogeneous masses, concealing from view the ultimate globular structure of the fibrillæ, and affording some appearance of cylindrical fibres, detached from the globular molecules.

Thus, it appears, that M. Dutrochet's facts and observations do not so much differ from those of Dr. M. Edwards as one would be disposed to imagine at first sight. He (Dutrochet) acknowledges the organic nature of the globules: he sees them distinctly, but finding some to be vesicular, and containing lesser globules, he reasons that they are all so. Moreover, being apparently deceived by an aspect of cylindrical filaments, forming the primitive basis of nervous matter, he contrives to force his facts to the support of theories, which require him to see farther than others have been able to penetrate through the darkness of that minute world, which is only to be rendered sensible to our sight by the aid of human

invention and ingenuity, and even then not unaccompanied with difficulty and error.

It appears, from numerous observations on the blood, that its colouring matter resides in the capsules containing the ultimate molecules, and that the latter are identified with the solid organic elements of the common textures. This colouring matter is represented by Mr. Brande to be a peculiar animal substance, acting as a dye to reddish parts, the serous globules being smaller than those of red blood, and colourless; and form, in the opinion of Messrs. Prevost and Dumas, when cohered together in parallel rows, the elementary constituents of fibrin. Whatever little varieties may strike the eye of the microscopic observer, Dr. M. Edwards does not think there exists any appreciable difference between the sanguineous particles, and the globules of which the solid substances of the animal fabric are primitively composed, notwithstanding Mr. Bauer has given a contrary opinion.

Referring to the green globules resembling *monades*, as mentioned by Dr. M. Edwards to have appeared in the field of the microscope from the influence of the solar rays on white vegetable matter, there seems to be some analogy here to the phenomena of the coloured particles in blood. To this apparent analogy some attention may be perhaps usefully directed, and every circumstance which tends to associate vegetable and animal structure together, in their ultimate organization and elementary bases, will have its due weight in the arguments which may arise from the farther prosecution of this interesting inquiry, now only in its infancy. Mr. Brande refers, in speaking of the blood, to the vegetable colouring matter as a peculiar substance, having affinity with the colouring matter of the blood, since both are capable of uniting with bases applicable to dyes when mingled with certain mordants, by which the colour becomes fixed.

In the present state of this inquiry, Dr. Edwards's observations certainly seem to tend towards satisfactory grounds for believing that the globules composing the different elementary textures of the body, do not sensibly differ one from another in either general aspect or dimensions. He states that he found them constantly alike in all the individual parts of the animal system;

as solid, primitive, and organized bodies ; of a constant and determinate character ; $\frac{1}{7500}$ part of an inch in diameter, as in the blood ; and also, that the inferior developments of animal life agree in all essential characters with the elementary particles of organization in general ; and, if the evidence of the microscope is to be credited, the globules forming the minute structure of vegetable and animal textures not only assume the same appearance as the monads derived from the maceration of vegetable and animal substances, but under certain circumstances evince powers of spontaneous motion. By the action of potash, acetic acid, and other re-agents, we may, at pleasure, separate the elementary globules of the muscular, cellular, fibrous, and other animal textures, and render them evident to our sight as bearing the closer resemblance to the globules of pus and milk, and those animalculi which are first produced from vegetable and animal infusions. Liquids from the stomach have been, by the addition of acid, seen to separate particles resembling those of the solid textures ; electricity, heat, and chemical re-agents, coagulated albuminous fluids, and rendered distinct globules, like the colourless molecules of pus, milk, and serum. The serum of the blood, by adding to it hydrochloric acid, or alcohol, and by evaporation, separated immense quantities of globules. The same phenomenon has attended the solution of fibrin in potash, when the globules appeared in every respect to resemble those mechanically displayed in finely dissected muscular fibrillæ.

If all the collateral experience of microscopic observation be gathered together, it seems gradually tending to the support of that generalising, but simple system, adopted by Dr. M. Edwards ; and notwithstanding the apparent dissent of M. Dutrochet from his conclusions, the facts brought forward (*by Dutrochet*) cannot, in their present form, be considered as shaking Dr. M. Edwards's testimony upon the constant similarity existing among the ultimate particles of organization, however hypothetical the conclusions drawn from his premises may appear to others.

But if Dr. M. Edwards escapes so easily from M. Dutrochet's *cylinders*, he will probably experience more difficulty with Dr. Hodgkin ; for, armed with a microscope of mighty powers,

his observations completely turn the current of those now advocated. Dr. H. roundly denies the spherical form of the globules of the blood, and their central nucleus, as insisted on by so many of the old and present physiologists, both in France and England. This author represents them as *flattened transparent cakes, and when viewed singly, nearly if not quite colourless, with rounded edges, and depressed in the centre on both surfaces ; though this depression is said to be so slight as to be unobservable universally*. Such is Dr. Hodgkin's account of the particles in human blood, the diameter of which he estimates at $\frac{1}{3000}$ part of an inch. As to other kinds of blood, he agrees with Messrs. Prévost and Dumas, that the particles are globular in the mammalia, and elliptical in the other classes. He also perceives some deviations from a general similitude in several particulars among the particles. But the central globules, so clearly pointed out by Mr. Bauer and many others, and on which Dr. M. Edwards sets so much value, as so very important a consideration in the animal economy and the basis of primitive organization, these Dr. Hodgkin entirely disregards, supposing the central nuclei and vesicular coverings to be absolutely non-existent. Sir Everard Home's favourite notion too, of the globules of the blood not coalescing in their entire state, is consigned to the same fate as the circular form of the particles, &c. ; for he observes, that it is only in their entire state that they do coalesce.

The ultimate structure of animal textures fares no better than the particles of the blood, in Dr. Hodgkin's hands, for, at "one fell swoop," the labours of his predecessors and contemporaries are alike destroyed.—*Fibres* and *striæ*, accordingly, are made to supersede the rows of globules so clearly made out by Dr. Edwards and others as the primitive structure of muscle, membrane, and the nervous substance ; when the minutest parts of these are subjected to Dr. Hodgkin's powerful scrutiny—powerful through the medium of glasses, of which it is reported that the celebrated microscope of Professor Amici was incapable of magnifying in a higher degree.

Of the "candour and perseverance" of Dr. Hodgkin, in the prosecution of

his researches, we have the written testimony of Dr. Bostock, from personal acquaintance; and I may fairly say as much of Dr. M. Edwards, on the same ground. With the merits of other labourers in the fertile field of microscopic cultivation, the world is too well acquainted to need any special encomium. Many of them now exist only in their works; but not a few are still able to renew their enquiries. Since all observers but one will be wrong, if Dr. Hodgkin's remarks be correct, we must refer the errors of the former to the instruments they employed, or to the influence of prejudice. But, as to the question of where the truth in all probability may rest, I do not exactly feel the force of Dr. Bostock's insinuation,—that suspicion is most to be directed to that quarter where the observations chime in with all the parts of the speculations entertained; at least when we see these built upon a combination of testimony not widely different in any point of view, and agreeing in all essential points. I am inclined to think, that the contradictory conclusions of a single individual, though highly deserving of attention, are, to say no more of them, to be regarded with equal suspicion; more especially, as in Dr. Hodgkin's case, when the instrument adopted is one of such great magnifying powers, through which nature may possibly be viewed in distorted and aggravated forms—caricatured, indeed, rather than truly and faithfully represented to the eye.

Nevertheless, I cordially join Dr. Bostock in rejoicing that Dr. Hodgkin has taken up this subject; and, professing also with him the deepest interest in the search after truth, I sincerely hope that the embers of physiological enquiry will be rekindled among us, to the farther illumination of this subject; and I trust that the rivalry of the French school of physiology will, in the pursuit of this, as well as its other general objects, be ever fairly met and contested in this country. Then only, perhaps, shall we be able to determine whether, as Dr. Bostock seems to think, the naturalist has indeed derived benefit from the microscope, while the physiologist has not advanced his science, through the discoveries of this instrument, since the days of Lewenhoeck and Hooke, excepting the simple fact of the existence of globules in the

blood and some of its animal fluids, and of the spermatic animalculi.

From the little attention which I have hitherto been enabled to devote to this subject, in the examination of animal textures and fluids, my observations lead me to coincide with Dr. M. Edwards in all essentials. Future experience may possibly induce other conclusions; but whether they militate against, or strengthen Dr. M. Edwards' observations, I hope they may be verified by abler physiologists.

In the meantime, I have been much struck with the constant uniformity of size and general aspect of the ultimate globules of animal texture, in all its varieties, compared with the globules of the blood, which appeared to me obviously demonstrated as represented by Dr. M. Edwards, &c.; and their determinate adjustment seemed to be indicative of their alleged organic character and relations, leading to the assumption of the possibility, when all circumstances above detailed are duly considered, that the process of digestion (*operative solely upon organic substances*) separates the ultimate globules of nutriment, somewhat in a manner analogous to the experiments described with chemical re-agents; and the globules so disentangled from the dissolved and broken up texture in the stomach, may possibly be passed into the blood, there to receive their final assimilation, and the important addition of their colouring matter; and in this transition of organic particles, they may be supposed to be wove by the hand of nature, as it were, into the fibrin of the blood, and thus form the basis of the muscular texture, and in a similar manner become the elementary structure of all the other textures, and of animal fluids in general, throughout the animal fabric.

May not a perpetual renewal and susceptibility of life and organization be so supposed to be provided for?—and the veil which has hitherto concealed from our view the mysterious conversion of food into animal textures and fluids, be thus partly drawn aside, and display the primitive simplicity of Nature's works, and the means by which the fiat of the omnipotent Creator, by her intervention, is accomplished?

May not every species of the animal kingdom, from the simple monas to the higher orders, and man himself, be

formed upon one such uniform principle, in the primitive arrangement of the elementary textures and fluids, of which the animal structure, in all its multiplied forms, is, in all probability, originally modelled?

Thus every thing susceptible of life may derive all its parts originally from one constant and primitive organic molecule, of an uniform character, spherical and colourless, and more or less developed as the animal may be simply formed or otherwise.

But, perhaps, to treat the subject in this manner at present, it might be said, " 'Twere to consider too curiously, to consider so;" and certainly premature to indulge in such speculations, while the establishment of the facts on which these probably somewhat romantic ideas are formed, cannot yet be said to be as a house built upon a rock, but rather supported by shifting sands in danger of an overwhelming tide, or some hidden and treacherous quicksand, ever ready to sink the edifice, though it be erected with the utmost care and perseverance of which the frailty of human genius is capable.

LECTURES ON EXPERIMENTAL PHYSIOLOGY.

BY M. MAGENDIE.

Lecture Ninth.

THE object of respiration is to suffer the air to come in contact with every part of the body; this is affected by all the vascular surfaces exposed to the air, and its perfection is in proportion to the tenuity and permeability of the parietes of the vessels by which it is separated from the influence of the atmosphere. Thus in man and the mammalia, and in birds, the skin possesses no power of this kind, whilst it is highly energetic in the lungs, which constitute a peculiar physical apparatus, by means of which the air *mediately* comes in contact with all the molecules composing the animal body.

There does not appear to be any real membrane existing to line the extreme termination of the bronchial tubes, commonly known by the name of pulmonary vesicles, which are rather *bubbles*, or *culs de sac*, the parietes of which are formed by a vascular net-work. Thus the absorption of the air, and of other substances capable of being introduced

into them, is extremely rapid, as is proved by numerous experiments. These cells, or pulmonary vesicles, or by whatever name they may be called, increase in size with the age of the animal. In the lungs of old people they are often found from a line to a line and a half in diameter; they are not always larger in the large animals, as the ox, the horse, &c. In the larger reptiles it may be seen that they are formed by the interlacing of the pulmonary vessels, the fine parietes of which suffer gaseous bodies to traverse them, as do all the very delicate membranes.

Experiment 1st.—The carotid artery of a young dog was laid bare, and tied at its upper part; the lower end was also placed within a ligature, which could be removed at pleasure, whilst a metallic tube, furnished with a cock, was adapted to the trachea. When the cock was closed, the jet of blood through the carotid (from which the ligature was removed, and which was kept pressed between the fingers) became in a few seconds black, like that in the veins; when the cock was opened, the vermilion colour returned. To the results, obtained by this experiment, others may be added which equally deserve to be known. When the cock is stopped, the jet of blood is not only changed in colour but it is also much diminished in size; and in proportion as the blood becomes blacker it gets still smaller, depending of course upon the length of time that the cock has been stopped, and the degree of feebleness in the respiration. This is constantly observed when the animal continues tranquil; but when he makes an effort, which he generally does when the cock is first turned, the jet of blood in the carotid augments in force and size, and the blood appears also not quite so dark coloured. This was observed in the above experiment.

Experiment 2d.—The cock being left open, the par vagum was cut on one side of the neck; the blood in the carotid did not become sensibly more black, but the jet was for some minutes rather weaker: the nerve on the other side was then cut, some seconds afterwards; the jet was weaker, and the colour less red: the animal died slowly.

Experiment 3d.—Different birds of the order *Passores* were placed in the midst of different gases. In pure hydrogen they died in fifteen seconds; in ten

seconds, in carbonic acid gas; in eight, in sulphuretted hydrogen. In oxygen gas the animal lived, and continued to breathe very well at the end of half an hour. A young rabbit, placed in a mixture, formed of two parts of oxygen and one of hydrogen, continued to breathe perfectly well for several minutes: a few cubic inches of sulphuretted hydrogen were then added to the mixture, and the animal died in convulsions in a few seconds. Chlorine did not succeed in bringing him to life.

Experiment 4th.—M. Magendie made the following experiment for the first time: the trachea of a young dog was laid bare, opened, and a tube, furnished with a cock, was adjusted to its lower portion. The carotid artery was dissected, tied above, and an assistant held the lower portion pressed between his fingers. A bladder, full of oxygen gas, and armed with a tube and stop cock, was adapted to the jugular vein of the animal by means of this tube: the cock of the tube in the trachea was closed, and the natural respiration thereby prevented. A gentle pressure made upon the bladder containing the oxygen carried this gas in a continuous stream into the venous blood, so as to procure a kind of artificial respiration. During the first minute the animal was a good deal agitated: at the end of a minute and a half he was more tranquil and lively. The blood which flowed from the carotid was not vermilion-coloured, but less black than venous blood, and than that contained in the carotid artery in the first experiment, when the cock was closed. At the termination of three minutes the animal still continued to live, and M. Magendie remarked that this must be entirely owing to this novel mode of respiration; for dogs, when the trachea is closed, all die in the space of a minute, or a minute and a half; the animal died three minutes and three quarters from the commencement of the experiment. This death having been quite sudden the professor thought that it arose from the gas having been introduced into the heart. In fact all the venous side of the heart was distended with oxygen gas, and by a small quantity of frothy blood of a vermilion colour: the right ventricle had ceased to beat: the auricles alone pulsated a little: the blood in the left side of the heart was much less frothy, and less red: the lungs were very red: the co-

lour of the muscles and of the blood in the divided vessels, without being so dark as after ordinary cases of asphyxia, approached it, however, nearly. This kind of respiration is not equivalent to that of the lungs. It is evident that the animal died merely from the introduction of the gas into the heart, preventing the action of this ventricle, and of course the passage of the blood from the vein to the auricle. M. Magendie thinks that this accident might have been prevented, and the life of the animal lengthened, had the oxygen been introduced through one of the veins of the mesentery, provided this gas had mixed itself intimately with the blood in the vessels of the liver before it had reached the heart. We think that he might have succeeded equally well by means of one of the veins of the fore-paw; which in lean dogs are generally sufficiently large for this experiment: by this means the abdomen would not be interfered with, and the experiment could not be complicated with symptoms which are the consequence of that lesion: however that might be, this experiment seems to favour the opinion of those who believe that in respiration there is a real absorption of air, which is afterwards mixed intimately with the blood in the blood vessels.

DR. MONCRIEFF'S CASE OF TRANSPOSITION OF THE VISCERA.

THE following account of a case of transposition of the thoracic and abdominal viscera, occurring in the practice of Dr. Moncrieff, has been transmitted to the Editor, in a letter from Dr. Knox.

“A few days ago one of my pupils informed me that he had just been engaged in the dissection of a child, in whom he had observed a complete transposition of the abdominal and thoracic viscera. My request, that an opportunity should be allowed me of inspecting this very rare case having being conveyed to Dr. Moncrieff, under whose care the patient had been, that gentleman very kindly consented to be present at the re-opening of the body, which was done the following morning in my presence. I then observed the appearances to be now described.

She was a female, and about four

years old; and had died of a pulmonary disease: the lungs, therefore, during the dissection of the preceding day had been cut to pieces, and the heart removed. The parts from the diaphragm downwards had been left *in situ*; the œsophagus passed through the diaphragm on the right side; the cardiac extremity of the stomach and spleen were on the same side; the great lobe of the liver was on the left side, the smaller lobe towards the right: the commencement of the duodenum and the pylorus were on the left side, as likewise the cæcum, appendix vermiformis, &c.: the sigmoid flexure of the colon occupied the usual place of the cæcum, and ascending colon; it terminated as usual in the rectum, which made its way through the pelvis in the usual manner, excepting that it commenced on the right side.

The position of the aorta, as it passed through the diaphragm, seemed to show that the transposition had extended to the thoracic viscera; but these had been destroyed previously to my inspection of the body: the following is the report made to me by my pupil who examined these organs.

The heart seemed to him to be placed mesially with regard to the body, but its exact position was not accurately examined: the thoracic aorta lay towards the right side of the spine. The left lung had three lobes, and the right two.

ANEURISM.

To the Editor of the Medical Gazette.

SIR,

A WRITER in the *Lancet* of last week, after giving an account of the case of aneurism of the arteria innominata (published in your number of the preceding week), has made a sweeping assertion, which being directly opposed to the doctrines to be met with in the surgical lectures—in certain esteemed writers on the subject—and, indeed, to the opinions of the great bulk of the profession, I feel strongly inclined to pause ere I admit its legitimacy.

He asserts that "*all* the aneurisms of the large vessels are, in the first instance, what are termed aneurisms by dilatation, and this owing to the greater elasticity of the coats," &c.

The word "*all*," Mr. Editor, was in italics; he would therefore, it appears, wish to lay it down as a universal law; but before subscribing to such a conclusion, our data should be carefully examined, and found, universally, to warrant it. I beg, therefore, to draw your attention to the following brief notice of a case which occurred in the Westminster Hospital, and which will, at least, limit the application of his rule, even granting that all the authors to whom we are indebted for an opposite opinion were incorrect; a concession, however, which, without further proof, few of your readers will be inclined to make.

CASE.—Ann Darge had been some time in the Hospital when I saw her; she was then considerably emaciated, had severe dyspnoea, an urgent cough, was expectorating purulent matter copiously, and auscultation detected bronchitis; her difficulty of breathing was remarkable, and appeared disproportioned to the other symptoms. She died, and on examining the body, in addition to the usual evidence of chronic bronchitis having existed, an aneurism was found about the size of a swan's egg at the arch of the aorta, partly built up at its superior surface by layers of fibrin; it was pressing on the lower rings of the trachea, and had materially obstructed the passage of air into the lungs. About three inches from the arch, in the descending aorta, there was a small aneurism, about the size of a garden nut, projecting from the side of the vessel, the internal tunic of which was ruptured; the fibres of the middle coat were partially separated, but not so completely torn through as the internal; the external coat was entire. There was no fibrin in the aneurism to obstruct the examination, nor was the vessel around it morbidly dilated or otherwise diseased; the opening to the aneurism was well defined, the tunics having merely given way at this one spot.

This was, indeed, Mr. Editor, a most unique specimen of "*incipient aneurism*," though not a "*general yielding of the coats*;" or, in other words, an "*aneurism by dilatation*."

I am, Sir,

Your sincere well-wisher,

THOS. H. SMITH,

Late Clinical Clerk, Westm. Hospital.

March 16, 1828.

THE STETHOSCOPE.

To the Editor of the London Medical Gazette.

SIR,

AN eager thirst for improvement has rendered me a careful observer of the controversy regarding the powers of the Stethoscope, which has recently occupied your columns. With the quiet tone and unobtrusive pretensions of your last correspondent who signs himself "A Stethoscopist," I was particularly gratified, opposed as they are to the diverting *fanfaronade* of a provincial writer in the *Lancet*, and to the undignified assumptions of another cotemporary, by whom this controversial fire was first kindled. Permit me, in the same tone, to throw out a few suggestions, calculated, I would hope, to put the subject matter of dispute into its true light, and perhaps to bring it ultimately to a satisfactory conclusion.

Nothing can be more just than the statement of your last correspondent, that the merits of auscultation should be tried by an appeal to experiment, rather than by reasoning; and it has occurred to me, that it would be an easy task for your hospital reporters to transmit occasionally the name of a patient *durante vitâ*, whom experienced Stethoscopists may have discovered to labour under a disease "not at all cognizable by ordinary means," or whose case may by them be considered obscure and doubtful without Stethoscopic aid. Let the opinion of the Stethoscopist, and of some old-fashioned physician, be then recorded, and compared with the final result of the case. Such a method of procedure would quickly decide the kind and degree of assistance which the stethoscope is really calculated to afford. In the absence of a better opinion, I would myself crave the indulgence of the attending physician, faithfully transmit to you the result of my unaided judgment, and willingly submit to correction, should the stethoscope be found to afford information otherwise unattainable.

Admiring, as I do, the candour of your late correspondent, the Stethoscopist, I cannot, however, avoid entertaining the suspicion that he overrates the difficulties of diagnosis in thoracic cases. In my own practice, at least, I have not found it so. I once, indeed,

met with ossification of the pleura, for which I was totally unprepared; and once, too, I saw a complete adhesion of the heart to the pericardium, which no symptoms during life had led me to anticipate; but I have rarely been deceived in cases of pleurisy, peripneumony, phthisis, or enlarged heart, and not more than once or twice in empyema and pleuritic abscess; and then only when the patient came under my care at a very late period of the disease. By the way, I noticed with some surprise, in the letter of your correspondent, that he enumerated among the *common* diseases of the chest, pneumothorax and emphysema of the lungs. If these are really common, and the stethoscope able to detect them, the question as to the value of the instrument is pretty well set at rest for ever. For my part, at least, I plead guilty to having practised nearly twenty years without knowing any thing about them.

It is far from my wish to depreciate the value of morbid anatomy, but it should be remembered that there is a point beyond which minute description becomes barren and unproductive. What benefit, for instance, accrues from the long description, given at page 480 of your last Number, of the appearances found in the body of Wm. Stokes, farther than would be obtained from the simple statement of general tubercular disorganization? The semblance of scientific precision is no doubt given; but the real effect is about as great as if a physician were to pride himself on ascertaining the number of pocks on the face of a variolous patient, or in counting the number of times that a man, drooping in consumption, coughed during the day. I am fully aware of the common reply to this objection—that it is impossible to limit the possible advantages of any fact in nature; but common sense must be in some measure trusted to, and no ingenuity can persuade me that a man could ever be beneficially occupied in determining the precise boundaries of a pulmonary abscess. Can it be argued, with any shadow of reason, that a patient with ulcerated bowels would be benefited by his physician being able to ascertain, during life, the exact number, form, size, and relative situation of the ulcers which occupy the ileum? Nay, we may go a step further, and ask, are there any diseases whose pathology is

more obscure, and whose mode of treatment is more liable to extraordinary discrepancy, than those of the skin, (erysipelas, for instance, or lepra,) where the different morbid processes are carried on *oculis subjecta fidelibus*? The impression, then, on my mind is, that the Stethoscopist is apt to attach far too great importance to the minute descriptions of disorganized appearances, which the French have, of late, so much encouraged; and that, if not the ear only, but the eye itself, could be made subservient to thoracic diagnosis, the course of disease would not be materially altered. The physician would still be thrown on those more recondite and far more important sources of information which teach him to estimate the violence of the diseased action, and the strength which the patient can bring in array against it; and by *these* will he regulate his treatment, and pronounce upon the probable termination of the case.

My object in offering to your notice these cursory remarks, on the very excellent letter of your correspondent, the Stethoscopist, is not to foster an unworthy spirit of opposition to the employment of an instrument which though clumsy is at least harmless, and possibly useful; but to comfort those who now practise, and who have for many years past practised in ignorance, perhaps, of its very existence, with the assurance that they may retire to their pillows without the painful sense of being wanting in some of their most essential duties. I would even say to them, that he who has really distinguished disease, and regulated its cure without extrinsic aid, has in fact exhibited the more philosophic spirit. *Frustra fit per plura quod protest fieri per pauciora*, is a maxim as true in physic as in machinery or metaphysics; and the practitioner whose judgment alone, unaided by the ear, leads him to just conclusions concerning the nature and treatment of a disease, has the same merit with the mechanist who moves his engine with the smallest power of steam, or the moralist who refers our actions to the fewest number of general principles.

I have the honour to be,

Sir,

Your very obedient servant,

ONE OF THE OLD SCHOOL.

London, March 24, 1828.

A VOICE FROM THE WEST.

THE curious and very extraordinary trial which occurred during the course of the last month, in the Court of Common Pleas, Westminster, has produced a remarkable sensation among the more intelligent classes of the community on this side of the channel. Indeed, proverbial almost as Ireland is for extraordinary occurrences of every description, not taking into account the miracles performed by Saint Patrick, nor those more modern ones by Prince Hohenlohe,—notwithstanding the *nil admirari* character which the ancient and modern history of the country is calculated to impress upon the natives—yet they can even more than sympathize with the feelings of the better informed in the sister-kingdom, with regard to the deep responsibility and the palpable hazard which must henceforth be attached to the practice of professional avocations throughout the British empire. In Ireland, we have had of late not a few monstrosities in the legal way; we have had Orangemen tried for disaffection, disloyalty, and rebellion; Popish priests tried for seduction and embezzlement; young ladies for conspiracy, &c.; but in a professional point of view, none of these things can be compared with the late trial of Rolfe v. Stanley, with respect to the peculiar importance of its result.

With the exception of the very sensible and pertinent remarks which were offered on the subject of this trial, in the editorial article of the Medical Gazette, No. 12, strange to say, the London press seems to have overlooked the matter altogether; to have fallen into a deep sleep—perhaps it were more fitting to describe it as a cataleptic lethargy, occasioned by the unexpected and astounding issue of the case: of the foolish ravings of the renegade Lancet we make no account; though, before we conclude, we may find room for a word or two in the ear of the writer of certain articles which have lately appeared in that publication. Observing, then, the comparative tranquillity, and tame acquiescence with which the verdict has been received by the British people, it may be permitted us to offer a few observations confirmatory of your views, whilst we endeavour to convey some idea of

the feeling with which the trial has been read in this country.

Trial by jury has, certainly, its excellencies, which have often and often been insisted on; but it must also be allowed to have its faults—yea, this much vaunted prerogative, this palladium, this brilliant gem of the British constitution, is known to be occasionally productive of detriment of the most serious description. Let us briefly and dispassionately examine into its blessed effects in the present instance. A jury, a *common* jury, were impanelled to try the issue in this case, and a true verdict find according to the evidence—so help them God! The witnesses on both sides were unanimously agreed upon one point; they gave the strongest possible testimony in favour of the defendant—yet the jury found a verdict for the plaintiff. Either then the jury were mistaken, or the witnesses perjured. Let us consider which of these alternations was the more probable. The petit juries are composed of men in business—persons chiefly engaged in trade—individuals whose minds have not been cultivated and enlarged by the genial influence of a liberal education. If the question they had to try were one of a mercantile nature, or one connected with their own pursuits in life, it is highly possible they might prove to be “honest, intelligent, and discriminating” judges, but still their decision should be entirely governed by and based upon the evidence produced. Suppose, for instance, this Mr. Rolfe had been prosecuted by one of his customers for cheating him in the sale of a piece of cloth, and for acting towards him with duplicity and deceit; and suppose that in his defence Mr. R. brought forward six of the most eminent and respectable drapers in London, to swear that he had not overcharged, that he had not deviated from the usual course of proceeding in such transactions, and that, if they the witnesses had been in Mr. Rolfe’s place, they would have pursued precisely a similar line of conduct, what, may we ask, should have been the result? Why, the jury would have promptly given their verdict to the defendant, influenced, necessarily, by the unprejudiced testimony of those best competent to give an opinion on the subject. Now, in the actual case under consideration, the defendant was a surgeon; the question at issue—whether his unsuccessful treatment of a compli-

cated injury had been the result of ignorance, negligence, or want of skill in his profession; what class of persons then did it become Mr. Stanley to subpoena, to give upon their oaths an unbiassed testimony as to his character and qualifications? To whom should he have recourse? We appeal for an answer to every man of common understanding—to every thinking member of the community. Should he adduce to give their testimony upon a medical question, tradesmen, merchants, divines, or gentlemen of that all-wise profession, of which brother Cross is a worthy member, who objected to the evidence of such eminent men as the defendant’s witnesses, whilst he himself went on to display such a profound ignorance of the subject? Should Mr. Stanley have thus perverted the natural order of things; or should he have summoned members of his own profession, men of unblemished honour, of undoubted skill, and of unquestionable veracity? But admitting that Mr. Stanley, in the treatment of the case, committed in the first instance an error of judgment, which eventually led to a failure of success; what, we may ask, must be the consequence of the adoption of the preposterous principle which this verdict would establish? It would come to this, that professional men are to be henceforth liable to penalties for not being *infallible*. With all due respect, we beg leave to inquire how will Messrs. Cross and Taddy approve of the position, or any member of the church, of the army, or the navy, if they are to be punished for an error of judgment, by a public exposure in a court of justice, and by the infliction of severe damages. Can any medical practitioner, no matter how distinguished for ability and experience, continue the practice of his profession, if after devoting close attention to a dangerous and difficult case, he be to be held up to public contempt, to be censured by inexperience, and condemned by ignorance, because the case may not have terminated so successfully as he wished? But a truce to such reflections; this verdict *cannot* stand; every rational and thinking being of every profession should raise his voice against the monstrous principle which it would establish. The British public, with that acute sense of justice which has ever characterised them, will demand the subversion of a verdict which, were it suf-

ferred to remain, must be considered as a blot upon our records for ever. It cannot stand, because it is opposed to the evidence adduced on the trial, and therefore the Judge who presided could never consent that it should remain undisturbed; it cannot stand, because it is directly in the teeth of the Judge's charge, which was clearly delivered in favour of the defendant. Had Justice Burrough, however, displayed more energy and decision upon this occasion, it might have obviated much of the unforeseen consequences; he might, at least, have corrected the erroneous statement of brother Cross, when with zealous exertion for the interests of his client, he endeavoured—nay, it seems, succeeded in it—to warp the minds of the jury by the analogy he set up between an unskilful driver of a coach, and an unskilful surgeon. He argued, it appears, that the greater the skill of the driver in case of an accident, the more exemplary should be the damages imposed on the proprietor of the coach; whereas we understand the legal principle in such cases is, that if it be proved that the owner of a public coach employed an ignorant, careless, or unskilful driver, that very fact would be taken as proof presumptive, that such accident occurred, not by circumstances unavoidable and unforeseen, but through carelessness and neglect. But if, on the contrary, it were proved that the proprietors engaged a well-practised, skilful, and experienced driver, and that such accident occurred, notwithstanding every exertion his skill and judgment could enable him to make, the law in such cases acquits the proprietor, and punishes him not. The law will not punish an individual for falling into an error, which no exertion of human foresight, fallible as it ever must be, could be adequate to avoid. In brief, then, we fearlessly assert, that the jury had *no right* to bring in this verdict for the plaintiff. Justice, common justice, calls loudly for a subversion of it. And will Mr. Stanley tamely sit down to brood over the injury which his character *must* sustain in the event of his acquiescence? He is called upon to subvert this verdict, as well through a regard for the purity of justice, as for the redemption of his own reputation; but with a man of honour, there is a motive still more cogent than these. Mr. Stanley must proceed, in order to rescue the

character of his witnesses from the false and malignant imputations which baseness and scurrility have endeavoured to cast upon them.

Whilst we thus give expression to the sentiments of the great majority of the Irish public on this interesting question, may we be permitted to subjoin a few words expressive of the general detestation with which the conduct of that truly “reptile press,” the *Lancet*, is viewed in this country, particularly with reference to the present topic. As usual, the *Lancet* is found at the head of that faction which is ever opposed to truth and to the principles of justice; and it may be observed, busily endeavouring to raise up from insignificance its adopted favourites with their coryphous at their head, upon the supposed downfall of all that is great and good in the profession. But the great body of general practitioners must be wretchedly situated indeed, if they build their hopes (as this sagacious writer informs us they do) “their hopes of attaining independence and respectability,” upon the result of the present case. Thus the advocacy of the *Lancet* will even prove a dead weight to his client: to be covered with the slimy praises of that work is a sure passport to insignificance and contempt.

Railing and praising on his usual themes,
And both, to show his judgment, in extremes;
So over-violent, or over-civil,
That every man with him is God or devil.

Dryden.

So far as our judgment can discern, the “*prestige*” of the *Lancet* draws rapidly to an end; and it begins to be universally felt that no man can set himself against the cause of truth and social order, but from a rebel mind and corrupt heart. Like the Egyptian of old, the wheels of his chariot are broken, the watery path closes in upon him behind, and a still deepening ocean is before him; for a short time are seen his impotent struggles against a resistless power, but finally, he sinks “like lead” to the bottom, and is forgotten.

EBLANENSIS.

March 1828.

ANALYSES & NOTICES OF BOOKS.

“ L'Auteur se tue à alonger ce que le lecteur se tue à abrégér.”—D'ALEMBERT.

Researches into the Causes, Nature, and Treatment of the more prevalent Diseases of India, and of Warm Climates generally; with numerous coloured Engravings. By JAMES ANNESLEY, Esq. late Surgeon to the Madras General Hospital, &c. &c. Vol. I. imperial 4to. pp. 687. Price Seven Guineas.

(Concluded from page 440.)

ABSCESS OF THE LIVER.

To this, as one of the most important terminations of chronic or acute hepatitis, the author has devoted a distinct chapter. It is most likely to occur in sanguine and scrofulous constitutions, where there has been much previous hepatic congestion; where there has been an unusual degree of tumefaction of the organ during the inflammatory stage; and where there has been improper treatment, neglect, or imprudence, during the process of cure. Abscess often forms suddenly and unexpectedly, without any preceding prominent symptom, not even rigors, except in unimpaired, plethoric constitutions, when there is no want of constitutional and local signs;—in the latter cases we have plenty of warning, and if our treatment be vigorous, we may generally prevent matter from forming. Where abscess forms, adhesions often take place between the liver and the neighbouring viscera, and the abscess may point and break into any one, or more than one of them; or if it forms on the superior and anterior portion of the liver, adhesions to the external parietes are the consequence, and the matter may be evacuated from without by an operation.

The signs of abscess having taken place, are rigors, or formications, followed by a diminution of local pain, a broad soft pulse, night perspirations, clammy extremities, frequent cold sweats, sensations of faintness, anxiety, oppression, restlessness, tongue never natural, but varying in its altered appearance, being either white with raised papillæ or of a beef-steak character, or in some cases dry, coated, and brownish. The white state of the tongue al-

luded to, is not coated or moist, and when accompanied with raised papillæ, always (says the author) shews excitement present, and calls for depletion. Where abscess exists, mercury very rarely produces its full effects of ptyalism, &c. even when pushed to the greatest extent*; and whenever, in treating hepatitis, we find it difficult, or impossible, to affect the patient with mercury, we may always have reason to expect abscess. The functions of the bowels, where abscess exists, are irregular, and the motions morbid, deficient in healthy bile, and having a putty consistence, and a peculiar fœtor.

Abscess of the liver may terminate fatally without bursting, but simply by the constitutional disturbance it excites—especially dysentery. When it bursts into the cavity of the abdomen, it kills, by producing peritoneal inflammation. It may, however, make its way into the thorax, the lungs, the stomach, colon, or through the ducts, into the duodenum; or even into the right kidney, and pass off by the urinary passages. The appearances of the liver in a state of abscess, are beautifully illustrated in several plates. Ulcerations of the liver are occasionally seen in dissections, but never unless there have been previous adhesions, or abscess.

OF THE TREATMENT OF HEPATITIS.

The difference of the plan of treatment of this disease, in tropical or temperate climates, consists, not in the kind of remedies, but in their extent, and the promptitude with which they are applied.

It must always be recollected that Europeans, in hot climates, are generally in too plethoric a condition, and that liver affections are their most common maladies; which, unless early detected, and vigorously attacked by depletion, will, sooner or later, end in organic mischief. It is always necessary to take into account the previous habits of the patients, as regards temperance, length of residence, &c.; and the season, locality, and prevailing epidemic, ought always to be attended to.

TREATMENT OF ACUTE HEPATITIS.

Sufficient vascular depletion, locally by leeches, &c. or generally, is the first

* For an instance of this rare effect, see Case 93.

point, but in India very few are ready to push this far enough. The author has himself had frequent cause to regret that he had not been sufficiently bold and vigorous, but never, in a single instance, that he had gone beyond proper bounds. The first blood-letting should always be carried far enough to produce a decided effect on the circulation. After this, the increased vascular action usually returns in a few hours, and then either a second bleeding or 15 to 30 leeches may be had recourse to, which, in India, generally draw an ounce and a quarter of blood each. Should this not be sufficient, a third bleeding, or leeches, may be employed, and this in the course of a few hours more. A hot poultice is the next remedy, to the region of the liver, &c. and it should be frequently renewed. Whenever the blood at first drawn is very thick, black, and pitchy, a repetition of the V.S. is denoted, and then, often for the first time, is the buffy coat to be seen; but in these cases, the author has remarked that there is commonly a very weak and vitiated state of the vital energies, and diffusible stimuli are often required.

Blisters may be applied after the poultices, or, if the violence of the disease be abated, the nitro-muriatic acid wash will be of service; and this, with an alterative course of mercury, nitric acid internally, and repeated applications of a very few leeches to the tender spots, will be of essential service.

In those whose constitution has been impaired by a long residence in India, local bleeding will often be sufficient, and the author always prefers the Indian leeches to cupping. In these cases, it is often necessary to order a mild nutritious diet, gentle tonics, and even diffusible stimuli. Where the biliary secretions have a very acrid and morbid character, and dysenteric symptoms supervene, it is of great service to the patient to apply leeches over the situation of the cæcum; and if tenesmus be present, they may be also applied to the sacrum with much benefit, or profitably to the anus, as recommended by French writers; but of the latter mode, our author has had no personal experience.

There is here a digression, in order to combat the doctrines of those practitioners who object to bleeding, or depletion, in the hepatitis of India, being deterred by the debility (which is spurious), by

the weakness and smallness of the pulse, (which *rises* after local or general bleeding,) and by the peculiarity of the inflammation, and its frequent complication with disease of the bowels; which circumstances, however, are not allowed by our author to prevail to the extent usually supposed, and also are not peculiar to India. These writers depend chiefly on mercury; but Mr. Annesley believes, that unless depletion be first employed in acute hepatitis, mercury either will not affect the system readily, or, if it does, will do more harm than good, and hasten the formation of abscess.

As soon as depletion has been effected, however, mercury is most necessary. A full dose of calomel (20 grains) may be given at night, and a purgative the following morning; and this continued for four or five times, till free ptialism is brought on, which may be promoted by combining mercurial inunction and antimonial diaphoretics through the day. If the rest should be disturbed by the action of the calomel through the night, opium may be given, or Dover's powder. The author prefers the above plan to smaller doses of calomel, which are longer in producing the desired effect, and bring on much more intestinal irritation. A full dose of calomel even acts as a sedative to an irritable stomach.

In the less acute, or chronic forms, an occasional scruple dose of calomel may be given, and some alterative, deobstruent purgatives, frequently repeated, but not so as to harass the patient by producing only watery motions.

After mercurial action has been fairly brought on, the use of that remedy must be discontinued for a time. A course of gentle tonics and laxatives is often beneficial to remove the torpor and debility of the organs diseased, and of the system generally;—these may be combined with small doses of blue pill, or of Plummer's pill—a drink containing nitric acid, and frequent spongings of the right hypochondrium with the nitro-muriatic acid wash. Owing to the way in which the right lobe of the liver occasionally encroaches on the diaphragm, cases often happen where symptoms of disease of the lungs are supposed to be combined with hepatitis. These are often with difficulty distinguished from the real cases of

liver and thoracic diseases complicated together. In the latter instances, the most vigorous depletion is necessary, but emetics to the extent of vomiting are to be avoided, as they will increase the mischief in the liver.

In what has been arbitrarily called chronic hepatitis, a similar treatment is required to that recommended in the less acute forms, or in the state directly following that of active inflammation; but of course is to be modified by circumstances. The nitric acid drink, and especially the nitro-muriatic acid wash to the abdomen, or feet and legs, are particularly advised. The latter wash may be also used as a fomentation, made hot for the purpose. Vapor-baths of water, sulphur, or chlorine, have been of service in some obstinate cases. Issues and setons may also be tried. It is necessary that great attention should be paid to the diet and regimen of the patient, for indulgences on these points will speedily re-excite the disease.

TREATMENT OF ABSCESS.

As the inflammatory action often continues for some little time, even after abscess has formed, which the pulse indicates, small local depletions, and a febrifuge plan, must still be persevered in; but care must be taken not to reduce the system to any extent. A light and nourishing diet is proper, and even gentle tonics, combined with refrigerants, are required.

Where the existence of matter is evident, and there are night sweats, an irritable pulse, &c. mercury must no longer be used, except as a purgative.

When the abscess makes its way internally, little more can be done than to palliate the more urgent symptoms as they arise, and to support the energies of the system. When it points externally, this direction should be encouraged by the frequent use of poultices; we should not be too much in a hurry to open it, but should wait till adhesions have been formed with the abdominal parietes, which is indicated by the external redness. We must also be sure that it is not a case of mere accumulation of bile in the gall-bladder. (See Plate 21.) The diminution of the pain and hardness, and the feeling of fluctuation, will be our best guides as to the proper time of puncturing;—premature operations are often fatal,

even through hæmorrhage. The author does not recommend the trocar, as flakes and clots will not pass through; but he makes an incision through the abdominal parietes, down to the peritoneum, two or three inches long, and not extending beyond the boundary of the adhesions;—an abscess lancet is then introduced, and an opening made to the same extent as the external wound; the matter is evacuated, the cavity filled with lint, and a compress and bandage applied. The discharge must be allowed free exit, and the cavity will gradually close, and the wound heal. Tonics, gentle purgatives, quiet, and a light nourishing diet, are all that will be required.

The volume concludes with some further remarks upon the precautions necessary on returning to a more temperate country, and with the following excellent advice:—"The invalid should resort to medical aid, make a judicious choice of his physician, and be entirely guided by the instructions which he will receive from him."

Our limits have prevented us from laying before our readers more than a slight analytical sketch of this the first volume of Mr. Annesley's work, and we can, therefore, give but a very imperfect idea of its value. The cases are numerous, fully and fairly detailed, and would alone form a most instructive study to the tropical practitioner. It is quite evident that the author has made the most of his extensive experience, and possesses professional tact and skilful discrimination of disease of no common order, as is shewn very strikingly in his prognosis of Case 97. We would venture, however, to express an opinion that he rather fails in the power of explaining himself to others. The ability to convey information is often wanting in those who, perhaps, have a more than common quantity of knowledge; but we think that Mr. Annesley might easily have avoided his occasional obscurities, by less diffuseness and fewer digressions.

The plates are numerous, and many of them beautifully executed. In works of this nature, we would earnestly recommend the propriety of publishing the plates and text separately, for the accommodation of purchasers who might be disposed to take one without the other.

MEDICAL GAZETTE.

Saturday, March 29, 1828.

“*Licet omnibus, licet etiam mihi, dignitatem Artis Medicæ tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso.*”—CICERO.

VACCINATION.

THE following is the last Report of the National Vaccine Establishment to the Secretary of State for the Home Department:—

“We have the honour to inform you, that the result of the last year’s experience is highly favourable to vaccination, and that we hear most satisfactorily, not only of its protective influence, but of its wider diffusion.

“It is true, that cases are reported to us very often of the occurrence of small pox after vaccination; but we have reason to believe that the number of those who fall into this safe, though sometimes severe disease, after vaccination, is not greater than that of those who formerly *died* by inoculation, whilst that practice prevailed.

“With regard to the diffusion of this protection, whether we judge by the extent of the demand which has been made upon the Board for authentic lymph in the course of the last year, or collect from accounts received of the practice of vaccination in new countries, we are satisfied that the prejudices against it are less pertinacious than they were: and where it is not resorted to with that alacrity and thankfulness which such a blessing might justly demand, the failure is rather to be attributed to a propensity in human nature to disregard danger at a distance, and to wait till the evil be at the door, before measures are taken to prevent it, than to a distrust of its saving influence.

“In proof of its wider diffusion, we learn that it is now practised, not only

throughout the Morea and the countries inhabited by the Greeks, but that it has been admitted into Constantinople, and into the palace of the Sultan, in spite of the prejudices which the religion of the Mahomedans opposes to any measure intended to interfere with the destinies of life. So that the advantages which this country derived from the East in the last century, by the acquisition of inoculation from thence, it has now abundantly requited, by imparting to the same region the safer practice of vaccination, by which the small pox, equal to their own plague in the severity of its visitations, has been already disarmed of its terrors, and in the course of years may, possibly, be extinguished altogether.”

When we consider the mass of information which must necessarily be possessed by the Vaccine Board, we acknowledge that we cannot but look upon their reports generally, and the present one in particular, as wonderfully meagre and unsatisfactory. There are many questions connected with the subject which are of the highest pathological interest, and of the most urgent practical importance; yet these are seldom referred to in the Reports, which are, for the most part, limited to a few general assertions with regard to the “protective influence” and “wider diffusion” of vaccination, with an occasional, unwilling, and qualified admission that cases are “very often” reported in which small-pox has occurred after cow-pox. But from a Board comprising the highest medical authorities in the country, expressly established for the purpose of constantly watching over the progress of vaccination, and annually presenting to Parliament a report, by which they and the public at large might be enabled to form a judgment upon a subject which is more or less interesting to every member of the community, we

expect something more than this—we expect some account of the grounds on which the general conclusions have been founded, and we expect that the great questions which at the time press upon the attention of professional men, and cause anxiety in the public mind, should be fairly met and candidly discussed. It is remarkable, however, that the Vaccine Board, instead of leading public opinion, follow in the wake; and it scarcely ever happens that they allude to the difficulties which surround any portion of the subject, until they have long excited the notice, and been elucidated by the investigations of private practitioners. We do not look upon this as the fault of the individual members of the Board, but of its original and primary constitution. Men at the summit of professional eminence, and overwhelmed with business, cannot give to the subject the time and attention it requires; nor, on the other hand, can they whose connexion with the Board is but of a temporary nature, be supposed capable of entering, with much prospect of advantage to themselves or others, upon investigations, their immediate interest in which must terminate before they have become fairly acquainted with the subject,—yet of these dissimilar and inefficient parts is the National Vaccine Board composed.

One of the points which at present excites most attention, and with regard to which we had hoped for some information from the “Report,” relates to *re-vaccination*. An opinion has unfortunately gone abroad, under the sanction of the most respectable authorities, that vaccination protects the individual for a time, and only for a time, against the influence of small-pox. The period, indeed, differs in the theories of different practitioners, and three, seven, or ten years, have severally been fixed upon; but the prin-

ciple is obviously the same, and leads to the necessity of repeating the operation. We say it is *unfortunate* that this idea has been promulgated—because we believe it to be unsubstantiated by any sufficient evidence, while it is eminently calculated to unsettle the public mind. If it were found that individuals who had been vaccinated never, or very seldom, became affected with small-pox till some given period had intervened, while, after this, the number so affected became decidedly increased, it would afford a rational presumption that, at such period, the protecting influence of the cow-pox had vanished;—but until these premises be established (and we hold that at present they are not so), it is not easy to conceive on what grounds the re-vaccination is proposed. “The parent, or patient*, (says a recent and very intelligent writer,) who once suffers himself to think that two chances are better than one, will soon find that three chances are better than two, and four better than three, and so on. The event, however, will falsify common experience; for, at last, the conviction will root itself in his mind that there is no security at all.”

But, although differences of opinion may exist, with regard to this and other particular points, the state of *medical* feeling is unquestionably in favour of vaccination generally. Of late years, its only very determined opponent has been Mr. Brown, of Musselburg; but his writings have had little influence, at least among the members of his own profession. The state of *public* feeling, on the other hand, is not so decided; and this, we think, is in a great measure attributable to the injudicious pertinacity with which medical men so long maintained the infallibility of vaccination, notwithstanding the instances to the contrary which were constantly

* See Observations on Cow-Pox, by Henry Edmonstone, &c. &c.

occurring; and thus affording to all intelligent persons unequivocal evidence of the incorrectness of their assertions. Had the members of the medical profession exhibited more caution in originally admitting the protecting power of cow-pox to be unlimited—and had they held it up to the public, not as an universal, but as a general antidote—no one could have said that they had deceived him, or been themselves in error. We should have heard much less of failures, (for that only is a failure which does less than it professes,) and we are much mistaken if vaccination would not now have been more generally practised than it is.

In the metropolis, vaccination is more esteemed, and consequently more generally adopted, than it is in the country or provincial towns. But even in London there is a large proportion of the inhabitants who have not been subjected to its influence, and a considerable number who have been inoculated with small-pox. This leads to the question whether it be adviseable, by any legal enactment, either to enforce inoculation with cow-pock, or to prohibit that with small-pox? These questions, which have often been considered analogous, rest upon grounds so different as, in our opinion, to render some parts of the reasoning which apply to the one quite inapplicable to the other. The former is a positive, and the latter a negative injunction. We have a right to prevent any one from doing that which endangers the safety of others; but we know no instance of the law compelling a man to do that which merely secures his own. If the quarantine laws are justifiable, on the assumption of plague being contagious, on the same grounds it appears to us that we are warranted in prohibiting, by legislative enactment, a man from doing that which renders his own person a focus of contagion worse than the

plague itself. In the quarantine laws, as well as in this instance, we legislate for the safety of the community, not of the individual: but it is different when we come to force a man to do for himself, or a parent for his child, that which subjects him to a disease which, mild though it may be, is in many cases repugnant to his strongest prejudices,—while the act concerns himself alone, or at least has but an indirect and contingent reference to the public safety. Lord Boringdon brought a bill into parliament, some years ago, for the purpose of enforcing vaccination by law; but it was lost, and we trust that it will not again be revived, notwithstanding that the measure has been recently suggested. Such a law, we are inclined to think, would do much harm, by rousing into positive resistance those prejudices which are now subsiding, and enlisting all John Bull's hatred of every arbitrary measure against the cause it was intended to have served. It may be wrong—but the national character must be changed, if we would hope for a favourable result. "England (says the late Dr. Gregory) is a free country; and the freedom which every free-born Englishman chiefly values, is the freedom of doing what is foolish and wrong, and going to the devil his own way." This latter propensity, however, is not exclusively confined to our countrymen, for recent events have shewn that, in those parts of the Continent where vaccination has been long enjoined by law, it has been neglected, or evaded, to an extent sufficient to prove the utter inefficiency of compulsory measures. In Paris no fewer than 1264 persons died of small-pox during nine months of the year 1825, while during the whole of the same year, the number in London did not exceed 1299. For our own parts, we certainly would deprecate any enactments in direct support of vaccination, but we

would encourage, by every means, the formation of associations throughout the country, for the diffusion of lymph, and other purposes calculated to further its more general adoption; and we would suggest, as an imperative duty on the part of medical practitioners, the utmost firmness in resisting all solicitations to have recourse to small-pox inoculation.

There are many other important topics which might be discussed, but we have just received the first of a series of communications on vaccination, from one well qualified to do justice to the subject: we shall therefore delay entering upon these till a future opportunity.

BYE LAWS OF THE COLLEGE OF PHYSICIANS.

IN speaking of the paragraph in the Statute of the College of Physicians which refers to the penalties incurred by Fellows and Licentiates transgressing certain laws, we mentioned that the latter are fined ten pounds where the former are expelled, and we construed this into an admission that the College have not the power to deprive any one of his license after having once granted it. This we believe to be correct; but we were led into error with regard to the circumstances connected with the recent omission of a Licentiate's name from the list, and its subsequent restoration. Dr. Thornton is the person alluded to; but his name was designedly expunged, not inadvertently omitted.—This was done on account of alleged quackery; but he having explained and apologized, it was agreed to replace his name on the list. This determination was made known to him by a letter from the Registrar.

“College of Physicians, June 25, 1827.

“Sir,—I am directed to inform you, that your name (omitted from an error

of the *press*) will appear again in the college list, which will be published in October next.

“I am, Sir,

“Your most obedient servant,

(Signed) “WM. MACMICHAEL,

“Registrar.

“To Dr. Robert John Thornton.”

Now, what misled us, and we believe many others, is the insertion of the words “omitted from an error of the press;” *which is an interpolation, for there are no such words in Dr. Macmichael's letter, and they are only to be found in Dr. Thornton's published edition of it.* We look upon this as a very gross misrepresentation of the transaction, and we cannot but marvel that the College should still suffer the name to appear on their list; for although they cannot deprive any one of his license, they can mark their disapprobation of such conduct, by expunging the name of the offender.

In our last number we spoke of the privilege possessed by the President of annually proposing a Licentiate as a Fellow, and alluded to it as calculated, in its judicious exercise, to give the Licentiates a prospective interest in the College. We said this was to be done by “*necessarily* elevating the most distinguished among them to the Fellowship;” and we recur to the subject merely to correct a misprint; it ought to have been by “*successively* elevating the most distinguished.” We trust that the most distinguished will be those chosen for elevation—but this does not follow *necessarily*.

SUBJECTS FOR DISSECTION.

ON Monday last, in the House of Commons, Mr. Dugdale presented a petition from the Surgeons of Birmingham, complaining of the inconvenience arising to the profession from a want of

subjects for dissection, and praying for the adoption of some measure to remedy the evil. Some conversation ensued, in the course of which Sir Joseph Yorke proposed that persons should be allowed to sell their bodies, as few paupers, he thought, "would be likely to resist the offer of ten guineas while living, for the purchase of their persons when dead." Unless, however, bodies could be had for a much less price than that, it would mend matters but little.

Mr. Warburton stated that it was his intention "to move for the appointment of a Committee to enquire into the means of remedying this complaint."

DR. FORBES AND MR. GUTHRIE.

To the Editor of the London Medical Gazette.

2, Berkeley-Street, March 25.

SIR,

I REQUEST you will have the goodness to insert the following *erratum* in your Journal, having reference to my letter to Dr. Forbes, published in the 15th number of the Gazette, beginning—

"Jan. 19, 1828.

"DEAR SIR,

"After the perfectly satisfactory explanations which you gave at two meetings of the Committee of the Royal Westminster Infirmary for Diseases of the Eye, respecting your letter addressed to me of the 17th Dec. last, I have no hesitation in expressing my regret that I should have put a construction on that letter you say you did not intend," &c. &c.

The words "you say," although interlined in my copy, are not, it appears, in the original sent to Dr. Forbes. My copy, and all other papers in my possession, are open to the inspection of any one concerned.

I am, Sir,

Your obedient servant,

G. J. GUTHRIE.

HOSPITAL REPORTS.

BERLIN HOSPITAL.

THE clinical school of Berlin is one of the most interesting in Germany, on account of the great talent of the professor (Dr. Gräfe) who directs it, the number of operations performed, and the magnificence of the establishment.

Tracheotomy.—A girl, 9 years of age, whilst laughing, suffered a bean of a large size to pass into the trachea, which excited at intervals a convulsive cough, which continually increased in violence. She was brought to the hospital 36 hours after the accident. Fits of suffocation alternated with attacks of exhaustion, and there was a severe pain beneath the upper part of the sternum, increased at each inspiration. Although it was feared that the bean had reached the bronchi, an incision, one inch in length, was made in the lower part of the trachea; the speech was immediately suppressed, and a quantity of bloody mucus escaped from the wound. This relieved the patient; nevertheless, the bean could not be discovered either by a probe or straight forceps introduced into the bronchi; trials which could not be repeated, because each time the mucous membrane was touched produced a violent attack of suffocation, attended with universal spasms. The patient was bled, had a dose of opium given to her, and a piece of gauze was placed over the wound. She had a tolerable night; but the next day the attacks of suffocation returned with such violence that her life appeared in the greatest danger. The incision was therefore prolonged nearly to the upper edge of the sternum, and again an attempt was made to pass a small pair of forceps into the bronchi, but it caused a recurrence of the spasms and a convulsive cough, during which the epidermis of the bean became visible, but which disappeared instantly, before it could be laid hold of. It again shewed itself, however, and was extracted; the length was nine lines by four and a half wide. All the bad symptoms disappeared; the wound healed in about a month; the speech was restored, and nothing remained but a hoarseness.

Twenty-six fractures have been treated successfully by means of the suspensory apparatus of Sauter, invented

for fractures of the leg, and which has been improved by M. Gräfe; it rendered the greatest services during the last war; was introduced into all the hospitals of Germany; has been employed at Strasbourg, and deserves to be made universally known. The late fracture of the King of Prussia's leg was treated by this apparatus.

Eight persons have been operated upon for the cataract, according to the method of Dr. Jaeger, with success, by incising the cornea at its upper part; one of these patients was the Duke of Cumberland. M. Gräfe did not employ the knife of Jaeger, because he had observed that it did not penetrate with sufficient facility into the eye; he preferred the use of the ceratotome.

Penetrating Wound in the Chest.—A man, 32 years of age, stabbed himself, in a fit of melancholy, between the fifth and sixth rib, near the edge of the sternum on the left side; the bloody portion of the knife shewed that it had penetrated to the depth of two inches. The little finger could be passed into the wound, and moved freely about, without producing much pain; arterial and venous blood, in great quantity, flowed out, accompanied with a whizzing noise at each inspiration; the patient was already much exhausted by hæmorrhage; the extremities were cold, the pulse imperceptible, and the respiration nearly extinguished. The wound was carefully closed; a graduated compress applied, which was firmly fixed by a proper bandage. The patient breathed in a very imperfect and interrupted manner for two hours, and then rallied a little; the pulse then rose. Twelve hours afterwards, an acute pain was felt in the wound, which continued to increase. He was bled, the antiphlogistic plan enforced, and applications used to the part. The pain disappeared, but returned from time to time, and was always combated by local and general bleeding. The bandages were removed at the end of three days, and the wound was found to be nearly cicatrized. At the end of a fortnight all the symptoms had disappeared. The patient was afterwards attacked with typhus, from which he recovered.

To demonstrate the course that nature follows in the cure of penetrating wounds of the chest, and to submit to a second examination those interesting observations made at Hei-

delburg, and which we shall also relate to our readers, M. Gräfe inflicted penetrating wounds of the chest on six dogs. In all the intercostal artery was divided, and in two the lungs were wounded superficially. The blood flowed freely, the animals staggered, leaned towards the wounded side, and looked out for a situation where they might apply the wounded part against a hard body—either the earth or a stone; the hæmorrhage, in some of the instances very considerable, then ceased. All these animals got well, with the aid of art, in about a fortnight, none quitting their position for an instant, and taking scarcely any nourishment, but drinking a great quantity of water. They were all killed, and it was found that the blood that had been extravasated was all re-absorbed, and that there were no adhesions to the pleura, except in the two cases wherein the lungs had been wounded.

Disease of the Breast.—A young woman, 25 years of age, of a strong constitution, complained of pain in the left breast, which began at the upper and external part, on a circumscribed spot, and had extended itself by degrees, and become more intense. A solid and hard tumor was felt, which did not yield to pressure, and which appeared to be divided into several lobes. This tumor, as large as a hen's egg, had the appearance of a schirrus, but the great size of the mammary gland rendered it difficult to determine its real character. After all the usual plans had been ineffectually tried, the operation was proposed, on account of the intolerable pain. The incision was made at the edge of the mammary gland, which was found to be perfectly healthy, and was detached with ease. The pectoral muscle laid bare, was healthy in structure; it was separated by following the direction of the fibres, for the length of two inches and a half, and a cavity was then laid bare, situated under the muscle, and filled with round white bodies; these were moveable hydatids, three of which were as large as nuts; the seven others were smaller. They were composed of a shining membrane, tolerably solid, of a milky colour, half a line in thickness; they were perfectly spherical, and contained a diaphanous lymph, abounding in albumen; the membrane of the smaller ones was less white, but more dia-

phanous. M. Rudolphi did not find in them any decisive character, so as to class them. The parietes of the cavity were smooth, and lined with dense cellular membrane, and seemed to partake of the nature of serous membranes. The cavity was filled with lint, to procure the adhesive inflammation; but it was necessary to make use of injections with the nitrate of mercury to effect this object. The patient was not cured until two months after the operation.

Encysted Tumor in the Orbit.—A country girl, 28 years of age, had suffered a contusion of the upper eyelid in her childhood; from that time she had always experienced a deep-seated, obtuse pain, which increased considerably, in consequence of a blow which she received on the eye in her 27th year. The globe of the eye protruded about two-thirds from the orbit, and was situated about an inch lower than the other eye. Above the eye-ball, in the internal angle, an elastic tumor, without fluctuation, was felt, which stretched the upper eyelid, but did not extend beyond the edge of the orbit. The condition of the eyelid, as well as of the conjunctiva, which was greatly swollen and puffed up, made it difficult to form an exact notion of the disease. It is to be remarked, that the sight was not disturbed; the pupil presented a healthy aspect, although the optic nerve must have been pulled out in a remarkable manner. The eyelid was laid open above the edge of the orbit; pulling it downwards, and in a direction towards the inner angle, the tumor became visible, which being opened, discharged a quantity of transparent yellow serum; the finger could then be introduced into a spacious cavity, the whole depth of the orbit; the eye-ball returned spontaneously into its situation; some pieces of lint were introduced into the cavity, and the cure was accomplished in five weeks.

GUY'S HOSPITAL.

Restoration of the Canal of the Urethra in a case of Fistula in perinæo; with complete obstruction of that passage, resulting from laceration.

WILLIAM PEAK, a healthy boy, æt. 14, was admitted into Guy's Hospital, Dec. 6th, under the care of Mr. Key. He states that about three months ago he

fell from the branch of a tree, on a stake about a foot below it, striking upon the perinæum. The accident occasioned no considerable pain, and he walked a mile soon after its occurrence. When he had reached home, however, about a table-spoonful of blood passed spontaneously from the urethra. On attempting to expel his urine he found that it could not be accomplished without much pain and difficulty, and in a short time the usual symptoms of extravasation of urine manifested themselves. Scarifications were therefore had recourse to: the catheter was employed, and fomentations applied to the scrotum, and in about ten days these means succeeded in removing the symptoms of infiltration, and enabling him to micturate without pain. There was still left, however, a fistulous opening in the perinæum, through which part of the urine escaped whenever he had occasion to empty his bladder. Various means have been resorted to to heal this sinus, but the use of the catheter not having been conjoined with them, no progress whatever has been made. Gradually the stream of urine, as it came from the natural passage, went on to diminish; while that which came from the opening in perinæo increased in proportion, and about a month ago the urethra became so completely obstructed that no urine whatever could pass through it, and it has, consequently, been passed entirely through the fistula. The orifice of the fistula is small, but is surrounded by an excavation, in which a small quantity of urine collects, and from which a little pus may be pressed. The boy is in good health, bowels open, tongue clean, &c.

Dec. 20th.—Mr. Key has made an attempt to pass a catheter, but found so firm an impediment that there was no chance of effecting it: it was, therefore, deemed necessary to perform the following operation. A catheter was passed into the urethra as far as the obstruction, and an incision was made upon it through the perinæum: another incision was then directed backwards, in order to discover that portion of the urethra connected with the bladder; this, after a little difficulty, arising from the bladder being empty, was effected. An examination with the finger now shewed the urethra to have been completely obstructed, to the extent of about a quarter of an inch, by a mass of firm

granulations: the next stage of the operation consisted in dividing them, and the catheter was then passed onward to the bladder. Directions were given to allow the catheter to remain in the bladder, and the wound to be left without any application.

23d.—The catheter having accidentally escaped in the night, a considerable quantity of urine has passed off by the wound. The instrument was replaced without much difficulty, and he appears to be going on well. From this time nothing remarkable occurred: little or no irritation succeeded: the wound in the perinæum went on progressively healing, and on the 28th of January he left the hospital cured, having, till within a week of his discharge, continued to wear the catheter with only occasional intermissions.

ST. THOMAS'S HOSPITAL.

Fatal Case of Lithotomy.

Treated by Mr. Green.

WILLIAM DEAN, æt. 46, admitted Dec. 12, 1827. Mr. Green had twice before operated upon him: the first operation was in October, 1825, when the stone was removed with facility; he left the Hospital in Nov. apparently cured, and continued relieved three months, when symptoms of stone again appeared, and in a year from the first, the second operation was performed: this presented many more difficulties than the former, from the thickened and unyielding condition of the prostate and the cellular tissue around. On endeavouring to withdraw the stone it crumbled to pieces, and considerable time was occupied in removing the fragments; a rather copious venous hæmorrhage during the operation also tended to increase the difficulties. The nature of the first stone is not known—the last was a triple phosphate.

In six weeks after this operation symptoms of stone reappeared, but did not increase materially in severity till about four months ago; since then he has had almost constantly severe, but frequently agonizing torture, and his health has consequently materially suffered. When admitted, he was thin, and somewhat emaciated; face sharp, with some expression of anguish, and sallow: he was suffering every symptom of stone in the most acute degree: the almost

constant and urgent desire to void his urine; the irregularity, and sometimes sudden stoppage, of the stream; the pain at the extremity of the penis, extending to the perineum and down the thighs, particularly the right, even down to the calf of the leg and toes on that side, were but too well marked; he had also frequent darting pains from the bladder to the loins; constant dull pain in both those situations, increased materially by pressure and motion; sometimes after exercise has hæmaturia. The constitution sympathizes materially with the local affection: pulse is irritable, anorexia, thirst, and towards evening some pyrexia; bowels regular, skin generally moist, and somewhat clammy; urine has an unpleasant odour, is found very slightly acid when examined the instant it is evacuated, and deposits, after standing some time, aropy mucus. He was sounded a few days after admission, and a stone readily detected.

Mr. Green ordered a plaster for his loins, arrow root and milk diet; and a mixture containing citrate of potass and tinct. of opium.

This medicine was taken for some days, and in that period Mr. Green obtained the opinion of Dr. Prout as to the best palliative measures he could adopt, being determined, if possible, not to operate, feeling convinced the man must, in all probability, in his present condition, fall a sacrifice to a third removal of the stone.

Dr. Prout recommended, Jan. 6, 1828,

Infus. Uvæ Ursi ʒiiss

Tinct. Hyocyam. ℥xv. ter die sumend.

Subsequently he had 20 leeches to the abdomen, for increase of the tenderness in the lower region; diarrhœa afterwards supervening, it was found necessary to order between the doses of the above medicine, Mist. Cretæ ʒss.; this proving insufficient, the Uva Ursi was omitted, and the following ordered:

Mist. Camph. ʒj.

Tinct. Catechu. ʒj.

— Opii ℥xx. 6ta hora sumend.

This afforded decided relief. His diarrhœa was checked; his appetite improved; he was allowed mutton chop thrice a week; and the uva ursi again resumed according to the above formula. This medicine appeared to relieve some of the more urgent symptoms, and under its employment the

quality of the urine improved. Still, however, the man's condition continued such as to induce Mr. G. decidedly to oppose the operation; but the poor fellow continuing, and even becoming more importunate—regardless of the consequences, which were frequently and forcibly pointed out to him—Mr. Green, with the concurrence of his colleagues, determined to accede to his entreaties, and, March 7th, performed his third lateral operation on him, to remove the stone.

When on the operating table, Mr. Green again declared to his patient the risk to which he was exposing his life; but he was resolute, and Mr. G. proceeded to operate. His first incision, to the left side of the rupture, a little to the inner side of the old cicatrices, was free, and divided rather a troublesome artery; pressure was made upon it, and Mr. G. proceeded steadily in the operation. It required considerable force to introduce the gorget, from the condensation, the almost cartilaginous firmness of the prostate. The stone was found behind the pubes, and Mr. G., being unable readily to grasp it with the straight pair of forceps he had first introduced, withdrew them, and tried a curved pair, but with no better success. The stone was found of considerable size, and a large straight pair were at length introduced; an attempt was made to withdraw the stone, when it crumbled to pieces under their pressure. It was then necessarily extracted piecemeal, and required a considerable number of introductions of the forceps. There was, however, still the nucleus (as it was afterwards found) of the large stone remaining, which, being more firm, had not broken in the attempts to withdraw it. These attempts, from the unyielding nature of the parts, were, however, fruitless, and it was found necessary to extend the incision, which was done with a straight knife; and the nucleus, broken into two portions longitudinally, was extracted. The operation lasted more than forty minutes, and was borne by the poor fellow with the greatest fortitude. He lost about six or eight ounces of blood. The bladder was not (as Mr. Green intended it should be) washed out with warm water, the man appearing too much exhausted to be kept longer on the table. Some wine was given him immediately, and he was removed to

bed. Before the operation, his pulse was 65, rather small; after, 90, very feeble and compressible. He had hiccup; countenance had a haggard cadaverous cast; there was considerable prostration of strength.

Ord. Mist. Camph. \mathfrak{z} iss.
Tinct. Cardamom. 3j
Carbon. Ammon. gr. v.
Tinct. Opii, \mathfrak{m} . xl. M f. Haust.
4ta quinq. hora Sumendus.

March 8.—Had but little sleep; has not, however, been restless; hiccup has continued; there is a clammy moisture on the skin; not a very plentiful secretion of urine. It would be useless continuing the daily details. Every attention was paid, every symptom watched, and small quantities of stimulants, combined with antispasmodics, administered through the 8th and 9th. On the 10th, there was some slight tenderness of the abdomen, disturbance of the stomach, and the pulse became more frequent; but still he would not bear depletion. The mist. potass. citrat. and opium were given. Toward evening, they ventured to apply a few leeches; but on Tuesday the 11th he died.

Section Cadaveris, twenty hours after Death.—Some serous effusion into the abdomen. Peritoneum, toward left inguinal region, somewhat opaque. Omentum slightly adherent to the intestines, and the latter as slightly matted together by very recently effused lymph. Mucous membrane of small intestines healthy. Colon somewhat contracted. Mucous tissue toward ilio-cæcal valve rather turgid, and also in the sigmoid flexure, but without ulceration. Kidneys: the *right* larger than the *left*; *both* mottled on their exterior; a whitish colour predominating. Tunica propria, and connecting cellular membrane of the former, more vascular than natural. On making a section of the kidneys, the mucous membrane lining the pelvis in the *right*, presented increased vascularity; the *left* did not. There was, particularly on the *left*, in both the cortical and cineritious portions, a deposition of a yellowish-white substance, such as has sometimes been mistaken for fat; but it was, however, more pale, less lobular, and more easily torn. On pressing the tubuli uriniferi, a whitish fluid exuded. Ureters healthy.—Bladder: both mucous and muscular coats much thickened; the former highly vascular, with nu-

merous small patches of lymph on its surface. There were several small portions of stone, two of them about the size of a sixpence, in the bladder. There was no evidence of *recent* inflammation *around* the bladder, but the cellular membrane was condensed and infiltrated, from former attacks. The section in the prostate was very clean; it was not completely divided, but nearly so. The prostate, and cellular membrane around it, almost of a cartilaginous firmness; the former not enlarged. The external wound rather sloughy and unhealthy. Small portions of stone were found in the wound, and also in the vesiculæ seminales, which were enlarged. The vasæ deferentiæ were also somewhat thickened.

REMARKS.—The above case has, throughout, been one of considerable anxiety to Mr. Green. He gave, soon after the man's admission, a Clinical lecture on the case, in which he stated distinctly his complete conviction that the patient's life would, in all probability, be the price of an operation. This, in effect, he frequently repeated to his patient and his class; but the former entreated, nay, almost insisted, that, at all risks, it should be performed; and under such circumstances, with ever so remote a chance of success, and with the certainty that, during the probably very short period his life might have been preserved without an operation, it would be one of constant misery, Mr. G. was bound to operate; and in having done so, and even lost his patient, his reputation as a lithotomist stands as high, and, as a conscientious public man, if possible, even a step higher than before.

The symptoms on his admission, induced Mr. Green to believe that the kidneys, as well as bladder, were diseased; a circumstance before frequently observed, where the stone was of the triple phosphate character, as Dr. Prout at the time suspected *this*, to be, principally, we believe, from the *last* stone having been so, and from the quick formation of the *present*. Both conjectures were correct. The kidneys were any thing but healthy, and the stone presented the characters expected. It was interesting to observe the very clean section of the prostate, made by the gorget; a circumstance which, if connected with Mr. Green's in-

variable success in 40 operations prior to the present, is a most powerful argument in favour of that instrument, and a most satisfactory answer to its opponents. Their objections, indeed, if closely examined, would be found to apply more to the *operator* than the *gorget*; but *what* instrument is safe in the hands of an unskilful or rash surgeon?—and who would dream of visiting the sins of the turner upon his lathe?

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ST. GEORGE'S HOSPITAL.

Disease of the Cervical Vertebrae.

JAMES GODDARD, æt. 15, was admitted Jan. 16th, 1827, under the care of Mr. Keate, labouring under the following symptoms. The head is inclined downwards, and to the right side, giving the appearance of the "wry neck;" but there is no preternatural contraction of the sterno-mastoid muscle. On looking at the back of the neck, there is observed an evident fulness on each side of the vertebral column, particularly on the *left*; and there is pain experienced on pressing the spinous processes of the dentata, and two vertebrae immediately below it. He has pain, independent of pressure, confined to the back of the neck, and aggravated on motion, especially *sudden* motion; so that in walking, running, or rising quickly from his seat, he is obliged to support the chin and occiput with either hand, in order to avoid the *jar*. He cannot rotate the head, at least, what little he does, is evidently through the medium of the lower cervical vertebrae; neither can he perform the nodding motions of the head upon the atlas, though here again the general flexibility of the neck, to a certain extent, comes into play. When sitting, he generally leans the head upon the right hand, and he lies upon the right side. The pain is worse in the morning. His aspect is scrofulous, pulse quick, health rather impaired. There is not, however, any numbness or paralysis of any part; he sleeps well, and has no hectic symptoms. The history which the patient gives of his complaint is briefly this:—he is a pot-boy, and has always been accustomed to sling the pots over the right shoulder, but never, to his knowledge, met with any strain or injury to the neck. Three months ago, he first noticed a "little pimple" at the back of

the neck, which broke, was poulticed, and healed up in about three weeks. Eleven weeks ago, as nearly as he can recollect, he began to suffer a dull aching pain in the back of the neck, which was aggravated on motion, and gradually got worse, inducing, very soon, a great degree of stiffness in the neck. He continued, in spite of this, to follow his usual employment until within the last fortnight, when he was obliged to give it up entirely.

Such were the symptoms and history of the disease, and certainly they were calculated to excite any thing but a favourable prognosis in the mind of the surgeon. The pain on pressure of the dentata and vertebræ below it; the head awry; and its rotatory and nodding motions, gave, together with a symptom which we omitted mentioning before, viz. pain on forcing the condyles of the occipital bone down upon the articulating surface of the atlas; these symptoms, we say, coupled with the history and strumous aspect of the boy, seemed to indicate ulceration of the cartilages, or scrofulous disease of the bones. There was one symptom, to be sure, which might appear to militate against this opinion—we allude to the absence of all paralysis, or numbness. However, there are many cases on record of very extensive disease of the cervical vertebræ, unaccompanied by any paralytic affection whatever. In the elaborate paper on “Dislocations of the Vertebræ,” lately published by Mr. Lawrence in the thirteenth volume of the *Medico-Chirurgical Transactions*, there is detailed a remarkable instance of this kind, where the odontoid process stood up against the under surface of the medulla oblongata. The fact is, that when the encroachments on vital organs are taking place in a gradual manner, the symptoms are often exceedingly obscure, or not present at all. In the description of the disease, quoted by Mr. Lawrence from Professor Rust, the symptoms are very similar to those presented by Mr. Keate’s patient, save that in the latter there was none of the pain on speaking, swallowing, or drawing a full breath, which Rust has witnessed in his cases.

To return to the report, leeches, blisters in succession, and antimonial plasters, were applied to the back of the neck; and on the 10th of this month, when we examined the patient, we found him

surprisingly improved. He could then perform the nodding motions of the head with considerable freedom, and rotated it much more boldly than before. The prominence of the vertebræ had diminished, and so had the dryness of the neck: there was no pain, or very little, on pressing the spine of the vertebræ, or the head upon the atlas. The health was better: the appetite good: and the lad was really gaining flesh.

Whether the case will continue to proceed thus favourably remains to be proved; but at any rate there is strong reason to believe that the disease, whatever it may be, has not advanced so far towards disorganization of the vertebræ as was feared at first. Rust, indeed, says, that in these cases there is frequently a very marked temporary improvement, though it is only the prelude to worse symptoms, and a fatal termination. Whatever the conclusion of the present case may be, we shall not fail to report it; and we trust we shall be excused for the minuteness with which we have given the details.

ST. BARTHOLOMEW’S HOSPITAL.

Hydrophobia from the bite of a Cat.

A MAN, married, about 30 years of age, was brought to the hospital on Wednesday night, March 20th, with symptoms of hydrophobia. It appears that about ten weeks ago he was bitten by a cat, in attempting to save one of his children, who was likewise injured by the animal, but in whom no symptoms of the disease have yet shewn themselves. He was bitten deeply on the ring finger of his left hand, and upon the calf of his leg, and came the next day to St. Bartholomew’s, where he was advised to have the injured part excised; but this he refused, as well as for his child, for whom the same operation was recommended: the wound healed up, and he thought little more of the matter till last Sunday, when he first perceived a stiffness in the left hand, followed by pain, shooting up his arm; but he supposed it to arise from a strain, and paid little attention to it: in the evening the pain became more severe, and continued through the night and all the next day: on Tuesday it was so excruciating that he could scarcely endure it; and he then, for the first time, sent for a medical man,

who bled him, without affording, however, any relief. The next day, about noon, he seemed better: the pain had almost left him, and he expressed a wish to take some wine and water, but he had no sooner swallowed a little than he sprung from his bed in a strong convulsion: his medical attendant having been sent for, again tried him with some liquid, but he drew back with horror. The same effect was produced at each attempt to drink, but in the course of an hour he contrived to swallow a pill, and a very small piece of bread and butter. In the evening he was brought to the hospital: at that time Dr. Hue, under whose care he was placed, describes the usual symptoms of hydrophobia to have been well marked. He had an anxious and somewhat wild look; his eyes were staring, and his pupils extremely dilated: he was tolerably calm in his manner, and quite rational, answering all questions which were put to him clearly, as far as the sense was concerned, although it was difficult to understand what he said, from a natural impediment in his speech, which was perhaps somewhat increased by his alarm: but he evidently avoided, as much as possible, any allusion to the origin of his disorder, wishing to attribute it to some other cause; though he afterwards mentioned to the nurse his suspicions of its true nature. His pulse was 80, and full: his bowels had been opened several times on the previous day, but not on that: his skin was moist, and he afterwards perspired very profusely. He had great difficulty in detaching the saliva from his mouth and fauces; and it adhering about his lips gave him that appearance of frothing at the mouth which has been described as a characteristic of this disease. He was rather thirsty, but this sensation was not distressing. An attempt was now again made to induce him to swallow some liquid, but it immediately produced a spasm of the muscles of the throat, and apparently of the diaphragm; putting a moistened feather between his lips occasioned the same effect: indeed, the mere passing of any one rapidly by him was sufficient to bring it on; but unless some exciting cause like those just mentioned, was present, he remained quiet, and apparently free from spasm. It was determined to try the influence of narcotics; and, accordingly, three grains of ex-

tract of belladonna, with thirty drops of laudanum, (to ensure its retention) dissolved in water, were thrown up the rectum; but this apparently had no effect on him, and he remained much in the same state during the night. During this time he was quite sensible, and talked at intervals: he once or twice had the moistened feather applied by his own desire. About ten o'clock A.M. the injection of belladonna and opium was repeated*, and the effects of this dose soon became apparent; so much so, that the other symptoms were completely masked (as Dr. Hue expressed it) by it. His pulse rose to 140, and was strong and hard: his eyes were red, and blood-shot: he ceased to speak intelligibly, and his breathing was laboured: indeed the determination of blood to the head was so evident that about noon it was thought right to open his temporal artery; but while this measure was in consideration he was seized with a kind of epileptic fit, and became gradually convulsed. A large quantity of blood, about two pounds, was drawn from his temples, and he seemed a little relieved; but the convulsions, and subsultus tendinum, especially about the face and throat, continued; and he became more comatose till nearly six in the evening, when death put a termination to his sufferings.

Examination.

The body was examined next day, about twenty hours after death, but no very striking appearances presented themselves, at least, not corresponding to the violence of the symptoms. The back of the fauces and throat were rather more dark than usual, as if there had been a slight degree of inflammation in those parts; but this did not extend down into the trachea and œsophagus: however, at the bronchi the same appearance again commenced, and became more strongly marked as their ramifications were traced into the substance of the lungs, which were very much gorged with blood; and their texture was softer than natural, and could be easily broken down. The heart was quite flaccid, and contained no blood; its muscular substance was also very soft, so that the finger might al-

* Six grains of belladonna were also rubbed into the thighs in the course of the morning, so that he had altogether twelve grains of this medicine.

most be pushed through it. There was blood in the aorta, and subclavian of the left side; and throughout the body the blood was more fluid than usual. The stomach was empty, and in some few places speckled with bloody spots: its villous coat was soft, and easily separated from the muscular. The veins of the intestines were distended with blood, having the appearance of congestion, but not of inflammation. The liver was of a deeper colour than natural, and had rather a greenish tinge; and it, in common with the spleen, had the same softness of texture observable in the lungs and heart: the remainder of the abdominal viscera were healthy. The arachnoid membrane of the brain was opaque, and somewhat thickened, and the vessels more distended with blood than natural: the same appearances were visible in the spinal cord, where, perhaps, the vessels were more congested than in the brain; but still in neither were these appearances very extraordinary, or strongly marked. The marks of the wounds on the finger and leg were scarcely discernible.

Lithotomy.

On Monday, March 24, Mr. Lawrence performed this operation upon a young man about twenty years old, who has been affected with this complaint for some years. The prostate gland was rather thickened and hard; and the existence of a fistula rendered the neighbouring parts more difficult to divide than usual, and occasioned a good deal of hæmorrhage. The operation was performed with a common curved staff; and a double-edged scalpel was plunged in towards the groove of that instrument, and brought out about three inches below the point of its insertion: a beaked knife was then employed to make a passage to the bladder; and the stone, which was about as large as a pigeon's egg, readily extracted: it appeared to be a compound of triple phosphate and the mulberry calculus. The patient is at present going on well.

PROCEEDINGS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

March 24th, 1828.

DR. HASLAM, PRESIDENT, IN THE CHAIR.

MR. AMESBURY, in reference to the case of fracture of the Olecranon, ac-

companied by a fracture of the inner Condyle, mentioned by Mr. Callaway at the last meeting, said, that although he had never met with this complication of injury, he should place the limb in the bent position, as in the treatment of a fractured Humerus. Mr. A. then shewed why, under these circumstances, the Condyle would be disposed to unite, and the union of the Olecranon also be provided for; although the fracture of the Olecranon, by osseous matter, was not, he believed, to be expected. In fractures of the Humerus, as in fractures of the lower extremities, it was a principal object to fix the whole limb by some unyielding substance, continued from one end to the other. The curative indications were—to fix the fore-arm and Humerus at a right angle, so that any motion given to them might have its centre in the shoulder-joint; and to prevent the fragments when once rightly placed from being deranged by the involuntary action of the muscles, or by motion passively given to the limb below the fractured part.

Mr. A. then exhibited the apparatus he had contrived for these purposes; a diagram also, representing the limb fixed in the apparatus; and a *simulated fractured Humerus*; the latter consisting of a cylindrical stick, enveloped in muscle, connected with another so as to represent the Humerus and fore-arm; the former being in two portions, supported by splints, the supposed fractured ends, by means of a small opening in the muscular substance, being visible. By this experiment any motion given to the fore-arm could be seen to be lost in the fracture, and of course operating on the living subject to the retardation of the cure. By the use of the apparatus, which firmly fixed the whole extremity, the limb might, without any disturbance of the fractured ends of the bone, be rotated at the shoulder-joint, the motion being lost at that part.

Mr. Dermott made some observations on the effect of Mr. Pott's plan of treating fractures of the thigh, for the purpose of shewing that the relaxation of the muscles, which was supposed to be an advantage of that position, would be effected, in as great a degree, by the straight position of the limb.

Mr. Kingdon very minutely detailed some very singular post mortem appearances in the brain of a girl, 14

years of age, who had been the subject of some remarkable symptoms; but as Mr. K. was not prepared to relate the history of the case, we shall postpone the recital of the dissection till we can place the symptoms and the morbid appearances in juxta-position.

Mr. Lambert detailed the particulars of a case of Traumatic Tetanus which occurred in a boy 10 years of age, and proved fatal in 10 hours. The disease had supervened upon an injury of the balls of each thumb, caused by an explosion of gunpowder: the pulse was extremely rapid;—a circumstance noticed by Dr. Parry as an unfavourable symptom, and denoting a fatal result.

Dr. Ramadge related a case of Tetanus, the effect also of a local injury, in which, although the pulse was not less than 120, the patient ultimately recovered. Mr. Lawrence had attended the case with him. The treatment was antiphlogistic, but the recovery he (Dr. R.) was inclined to attribute to the employment of the croton oil, which opened the bowels when other active aperients had failed.

thological investigations; namely, that he had observed intermission of the pulse more frequently in disease of the aortic valves than of those of the heart itself. Another question which was started in the course of the evening was—the comparative frequency of active and passive aneurism of the heart. Dr. Milligan observed, that the *former* is exceedingly rare, whilst the *latter* is more common even than is generally imagined; indeed, he had seen an instance of it very lately in the person of quite a little girl. Both Dr. Barry and Dr. Johnson contended that the active aneurism of the heart, i. e. thickening of the walls, with dilatation of the cavity, is very far from being so uncommon as Dr. Milligan had represented; in fact, they seemed to say that the *passive* aneurism was the rarer of the two. Several other interesting observations were made in the course of the evening, but they were too discussive to admit of being reported in a short notice like this.

* * * Mr. Bingham is to treat of Burns and Scalds next evening.

WESTMINSTER MEDICAL SOCIETY.

March 22, 1828.

DR. JAMES SOMERVILLE IN THE CHAIR.

MR. WADE, this evening, read a paper on Diseases of the Heart. He did not confine himself to any one or two points, which on such a subject would have been amply sufficient for an evening's discussion, but took in almost all the affections to which the heart is liable. Of course it would be impossible, and perhaps unprofitable, for us to give any thing like an account of the Paper in question. The debate which followed was pretty fair, and turned mainly upon the diagnosis between sympathetic and organic derangements of the heart. Dr. Johnson was inclined to consider *permanent* irregularities of the pulse as indicative of disease of the left auriculo-ventricular valve. Occasional intermissions, it is well known, are produced sympathetically every day, but when they had once become permanent, Dr. J. feared they were indicative of more serious mischief. Dr. Barry was not disposed to place much reliance upon this symptom, as it may be produced from a variety of causes. Mr. Lambert mentioned an observation of Dr. Hodgkin's, who has had very extensive opportunities of pa-

MEDICO-CHIRURGICAL SOCIETY.

Tuesday, March 25.

MR. TRAVERS IN THE CHAIR.

THE principal part of the evening was occupied in reading the conclusion of Mr. Brodie's paper on injuries of the head. The part read on this occasion, related to the treatment of these accidents.

NOTICES.

Communications have been received from "Mr. Abernethy"—"Mr. Litchfield"—"Mr. Travers"—"Mr. Stanley"—"Dr. Gregory"—"Medicus"—"North-Western"—"Mr. H."—"E."—"J. A. H."—"A Licentiate"—"Mr. Finsham"—"Eblanensis"—"Mr. Teevan."

We cannot answer the question of "Medicus," but we shall inquire of our Dublin Correspondent.

Can "A Licentiate" inform us where we may meet with the document to which he alludes?

We perceive that the Society for the Relief of the Widows and Orphans of Medical Men, in London and its vicinity, hold their FORTIETH Anniversary Meeting on the 29th instant, at the Freemason's Tavern. We believe this institution both to require and deserve the support of the medical public.

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Gentlemen are requested to circulate this among their Medical Friends.

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[VOL. I.]

OBSERVATIONS

ON THE

DISEASES OF THE URETHRA, BLADDER, AND PROSTATE GLAND

BY B. C. BRODIE, F.R.S.

As delivered by him in his Surgical Lectures.

*Treatment of the Chronic Enlargement
of the Prostate Gland.*

(Concluded from page 460.)

WE will suppose, first, that you are called to a patient labouring under a complete retention of urine in the bladder.

The treatment of retention of urine from diseased prostate, is one of the most important subjects in surgery. The patient suffers miserably; his life is at stake; he lives or dies according to the skill which you are able to exercise in his favour. The case is altogether different from one of retention of urine from stricture. Bougies are of no service: even if you pass one into the bladder, no urine follows; the parts collapse, and close as the bougie is withdrawn.

Neither is laudanum useful in these cases. Here is no spasm for laudanum to relieve. If it does any thing, it is that it makes the patient less sensible of pain: it makes him think himself better than he really is. It deceives him and his friends for a time, but it does nothing towards curing the retention.

When the retention of urine has taken place suddenly, in consequence of a sudden addition to the bulk of the prostate, the patient may derive advantage from losing blood. He may be bled in the

arm, or cupped in the loins; and I have known this in a few cases to be of itself sufficient to enable him to make water. But in the very great majority of cases, the retention can be relieved only by the use of the catheter.

I rarely use any but a gum catheter. It gives you rather more trouble to learn the use of the gum catheter, and to become dexterous in the management of it, than it does to learn the use of the silver catheter. When, however, you have once become familiar with the gum catheter, you will generally prefer it to the other; and there is always this advantage in it, that when once you have made it enter the bladder, it may, if necessary, be allowed to remain there. A gum catheter may be retained in the urethra and bladder with very little inconvenience to the patient, which is not the case with a silver catheter.

As Sir Everard Home has observed, the gum catheter may be used in two ways: without a wire or stilet when it is a flexible instrument; or mounted on an iron stilet, in which case it is an inflexible instrument. You should be provided with a number of gum catheters, mounted not on small flexible straight wires, as they are kept by the instrument makers, but on strong iron wires, having the curve of a silver catheter. The wires which belong to the larger gum catheters may have flattened iron handles, resembling that of a common sound. Thus prepared, they are more manageable than when mounted on common wires. Let your gum catheters be kept in this state for a long time before you use them; they will then become fixed to a certain degree in a proper curvature. Withdraw the wire, and there is a flexible instrument, which,

however, retains its curvature, notwithstanding that the wire is taken away.

I always begin with passing such an instrument as this first. If the gum catheter without the wire will enter the bladder, it is so much the better. It gives the patient no pain: it is incapable of lacerating the urethra, or producing hæmorrhage; it may do all that is required, and it can do no harm even in a rough hand. If you fail in introducing it, the failure will not make it more difficult to pass another instrument afterwards. In difficult cases, indeed, the gum catheter without the wire will not succeed. You must then use your gum catheter mounted in the way which I have already explained.

You ought not to use a catheter so large as to give pain; but for the most part you will find one which is large enough to fill the urethra, without stretching it, to be more easy of introduction than a smaller one. A very small catheter approaches to a pointed instrument, and the extremity of it is likely to become entangled in the tumor of the prostate. The catheter ought to be considerably curved. The reason of this is obvious. The tumor of the prostate which projects into the bladder, and which affords the principal obstruction to the catheter, is situated at the posterior part of the inner orifice of the urethra. A catheter which is slightly curved comes directly in contact with this tumor. In a catheter which is much curved the point is directed forward towards the pubes, and it avoids the obstruction behind. Always bear in mind in introducing the catheter that it is to be used with a light hand. It should be held as it were loosely in the fingers. It will then, in great measure, find its own way in that direction in which there is the least resistance. If you grasp it firmly it can go only where you direct it. It is then likely to lacerate and puncture the membrane of the urethra, and the substance of the prostate, and to make false passages instead of entering the bladder.

I generally find that I introduce the catheter best by keeping the handle of it at first close to the left groin of the patient. I pass it as far as it can be passed in this position; then I bring the handle forwards, nearly at a right angle to the pubes, and not elevating it towards the patient's navel. The next thing is to depress the handle, which

is to be done gently and slowly, by placing a single finger on it, and pressing it downwards towards the space between the thighs.

In depressing the handle you generally find the point of the catheter slide into the bladder. Sometimes, however, this does not happen until you withdraw the stilet; and in the act of doing this you find the introduction of the catheter to be completed.

But other artifices are necessary in difficult cases to enable the catheter to reach the bladder. Sometimes it is useful to bend the point forward as it approaches the prostate, either by means of the finger in the rectum, or by pressure made in the perinæum. Sometimes the catheter will be passed more readily if you keep the handle drawn upwards, so that the concave part of the instrument is in close contact with the pubes, turning round it as a centre.

But it is impossible to explain to you in words all the minute circumstances which practice and experience will teach you, and on which your success in this manual operation will very much depend.

In some cases of diseased prostate the urethra becomes very irritable, and liable to spasm at the membranous part. This is observed especially where several rude attempts to introduce the catheter have been made before you have been called to the patient. Here the gum catheter, on an iron wire, is certain to bring on spasm, unless it be handled with the greatest dexterity and gentleness; and sometimes it will induce spasm in spite of all your care; so that you cannot make it pass even to the neck of the bladder. But a gum catheter without a wire, being a softer instrument, is not very likely to produce the same effect; and in these cases I have many times succeeded thus. I have passed the gum catheter as far as it could be made to pass without the stilet. It has probably stopped at the neck of the bladder, that is, at the tumor of the prostate. I have then introduced the stilet into the catheter without withdrawing the latter from the urethra: and thus having got the catheter to pass without the stilet through the part which is the seat of the spasm, I have been enabled afterwards, by employing the stilet, to direct the point over the tumor of the prostate into the bladder.

When the catheter has entered the

bladder, and the urine is evacuated, you must pursue one of two courses: either allow it to remain in the urethra and bladder, secured by a proper bandage, and with a peg in the orifice, so that the patient may relieve himself whenever he has a desire to void his urine; or, withdraw it and re-introduce it as soon the bladder becomes again distended. Now I do not mean to lay it down absolutely as a general rule that you should allow the catheter to remain, but I am certain that it is prudent to do so in the great majority of cases. If you remove it, in consequence of the great flow of urine which immediately takes place from the kidneys, you will find the bladder again loaded, and requiring the re-introduction of the catheter within 5 or 6, perhaps, even within 3 or 4 hours. It will be necessary to use the catheter again, and again on the following day: and it will often happen, when there has been no difficulty in the first introduction of it, that there is considerable difficulty afterwards.

You avoid all this by leaving the catheter in the bladder, and there is another advantage in this mode of proceeding. The prostate gland is kept in a state of more complete repose, and in one much more favourable to recovery—so far as recovery can take place—than it would be in, if irritated by repeated introductions of the instrument.

After the catheter has remained in the bladder for some days, you may withdraw it, and if the patient is now able to empty his bladder by his own efforts, it may be laid aside altogether; otherwise, it must be introduced at regular intervals, once or twice in a day, or oftener, according to circumstances. Where the enlargement of the prostate and retention of urine have come on suddenly, the patient generally regains the power of emptying the bladder in the course of three or four weeks, and sometimes much sooner; but where the disease has come on gradually, he never regains it completely. In the former case, he may be liable to a recurrence of the retention of urine, at longer or shorter intervals; but in the latter, he is more or less of an invalid ever afterwards.

Before we quit this subject of retention of urine from diseased prostate, there is, however, another point to be considered. You will *very rarely* fail, by dexterous management, to introduce

the catheter; but you *may* fail, nevertheless, in some instances. What is to be done under these circumstances? Are you to puncture the bladder, and if so, in what situation? It will be of no service here to do what some recommend in cases of retention of urine from stricture; namely, to make an opening into the urethra, beneath the pubes. The size of the prostate renders the case unfavourable for the puncture from the perinæum, or the rectum. You may puncture the bladder above the pubes, or you may proceed thus: when all your efforts to introduce the catheter have been unavailing; when you feel the point pressing against the tumor of the prostate, and unable to pass over it; apply some force to the instrument at the same time that you depress the handle. It will generally penetrate through the prostate; enter the bladder by an artificial opening, and relieve the patient; and of course will continue to relieve him, if you allow it to remain in the bladder.

I am not aware that there is any danger in this mode of proceeding, and it has been strongly recommended by some very good surgeons. It is not, however, without its disadvantages. I have known some cases in which this has been done, and in which, as it would appear, the natural orifice of the bladder became so closed that the patient could never void even a drop of urine by his own efforts, and was compelled to rely wholly on the use of the catheter ever afterwards. Sir Everard Home has published a case of this kind which was attended by Mr. Hunter and himself. You may see the bladder of this patient, with the perforation of the prostate through which the catheter used to be introduced, preserved in the museum of the College of Surgeons. The inconvenience which I have now described is not however constant. An old gentleman, in whom I had purposely perforated the prostate, when he laboured under a retention of urine, ultimately regained the power of making water, so as to be able to dispense entirely with the use of the catheter.

Let us now suppose a case in which a patient consults you labouring under symptoms that indicate a partial retention of urine in the bladder. He is unable to empty the bladder by his own efforts. You then are to introduce the catheter and empty it artificially. The

remedy seems to be very obvious: yet it had not occurred to surgeons generally, until it was suggested by Sir Everard Home, within the last twenty years, and to him we are indebted for this great improvement in practical surgery. The immediate effect of drawing off the water is to give the patient the greatest comfort. He loses the irritation which tormented him before; he is free from pain; and is no longer harassed by the incessant desire to make water. But the relief is only temporary. In a few hours the bladder is again loaded, and the symptoms return. Well! the catheter must be introduced again, and you must continue to introduce it at regular intervals. These intervals will vary in different cases. One patient is quite comfortable if the urine is drawn off twice in the 24 hours. Another patient requires it to be done every 6 or 8 hours. I rarely recommend the catheter to be used oftener than this. If employed 6 or 8 times in the day and night, it is likely to irritate the prostate, and to do harm instead of good. This plan is to be pursued probably to the end of the patient's life. It may be distressing to him to be thus dependent on the use of the catheter, but it is the least of two evils. The repeated introduction of the catheter is an inconvenience, but it prevents misery and destruction. Without it, slow inflammation of the mucous membrane, extending to the kidneys, will sooner or later supervene; abscess will form in the prostate; and probably stone in the bladder. But where the catheter is used regularly these evils are at any rate delayed for a considerable time, and in all probability are prevented altogether.

But is the patient to be subject to the daily attendance of a surgeon for the remainder of his life? This cannot be necessary. Let him learn to introduce the catheter for himself. If possible, let him use the gum catheter without the wire or stilet. It is less likely to occasion irritation than a harder instrument, and he can never with this do himself any material injury.

Now it is this continued use of the catheter in those cases in which the patient is unable completely to empty the bladder by his own efforts, that constitutes the principal part of the treatment to be employed in ordinary cases of disease of the prostate gland. In some cases nothing more is required;

and the patient who is dexterous in the use of the catheter, and who is careful never to neglect the regular introduction of it, passes through the remainder of his life, an invalid indeed, but with little or no actual suffering; and dies at last of some other disease, entirely independent of that which exists at the neck of the bladder.

But there are many other cases in which this is not in itself sufficient, and in which other treatment is necessary to remove or palliate the distressing, and even dangerous symptoms which arise in the progress of the complaint.

When the mucous membrane is affected by slow inflammation, the patient complaining of augmented irritation and pain, and the urine depositing ropy, adhesive, alkaline mucus, you are to employ those remedies which I recommended formerly under these circumstances, when speaking of diseases of the bladder: such as small doses of the Cubebs pepper; the decoction of the Pareira brava, combined with tincture of hyoscyamus, and mineral acids; opiate clysters or suppositories; and rest in the horizontal posture. By proper attention, you may generally relieve the symptoms of chronic inflammation of the mucous membrane which occur in consequence of a diseased prostate, when they exist in a moderate degree. When, however, the case has been long neglected, and the inflammation has extended from the bladder to the ureters and kidneys, neither these nor any remedies will be of any real service, and the patient will sink, in defiance of all your skill, under his complicated maladies.

If the patient labours under such symptoms as lead you to believe that there is inflammation of the prostate, which, if it proceeds, may terminate in the formation of abscess, take blood from the perinæum by leeches or cupping, administer gentle aperient medicines, and advise the patient to avoid all but the most moderate bodily exertions. By these means you will often succeed in preventing suppuration taking place. If abscess, however, be already formed, and has burst in the perinæum or into the rectum, nothing is required, or at least nothing can be done, beyond maintaining as much as possible the general health, so that the power of the patient's constitution may be under the most favourable circumstances for re-

pairing the mischief which has taken place. If the abscess has burst into the urethra, or at the neck of the bladder, it is very desirable to avoid, for a time, the frequent introduction of the catheter, the point of which is liable to become entangled in the abscess, producing a fresh attack of inflammation, and perhaps sloughing, of its inner surface. Under these circumstances, I generally allow the gum catheter to be constantly retained in the urethra and bladder until there is reason to believe that the abscess is healed. The catheter used on those occasions should be rather less than the middle size. A catheter that completely fills the canal of the urethra, may press on the orifice of the abscess so as to interfere with the free discharge of its contents, and thus may increase the evil which it is intended to remove. In some cases, however, after the formation of abscess, the neck of the bladder becomes so tender, that the constant retention of the catheter cannot be endured. We have then no alternative: the catheter must be introduced, as usual, at stated periods, great care being taken, in introducing it, that its point does not penetrate into the cavity, nor even into the orifice of the abscess.

In those cases in which there is reason to believe that the diseased prostate is in a state of ulceration, the distressing symptoms, which arise, are to be combated chiefly by the free use of opium, administered in the form of clysters or suppositories. In some instances the patient enjoys on the whole more comfort if the catheter be allowed to remain constantly in the urethra and bladder: in other instances it is the reverse, and the catheter must be introduced occasionally, that is, whenever a moderate quantity of urine is collected in the bladder, and withdrawn immediately on the bladder being emptied.

Hæmorrhage from the prostate is to be treated like any other internal hæmorrhage, and it will cease in ordinary cases, if you take blood from the loins by cupping, administer a saline purgative, and keep the patient on a vegetable diet. Where the hæmorrhage is unusually great, the cupping must be repeated, or blood must be taken from the arm. The object of blood-letting here is to lessen the force of the heart's action, and in some cases it will be right to bleed the patient even until syncope is induced. Those medicines which operate as styp-

tics when taken internally, and which are useful in cases of hæmorrhage from the lungs, are also useful in cases of hæmorrhage from the prostate. I had a patient with very diseased prostate. A frightful hæmorrhage took place. The usual methods of treatment were adopted, but were of no avail. The skin became pale; the pulse became weak; and the patient was exhausted: yet the bleeding continued. Large quantities of blood were drawn off with the catheter; nevertheless, the bladder continued to become more and more distended with blood, and was felt prominent in the belly as high as the navel. All other remedies having failed, I gave the patient a dose of the nostrum known by the name of Ruspini's styptic, and repeated the dose two or three times in the course of the next twelve hours. In about half an hour after the first dose was taken the hæmorrhage ceased, and it never recurred.

I have said that in this case the bladder was distended with blood, forming a tumor in the abdomen as high as the navel; and this great evil remained, although the hæmorrhage had ceased, giving the patient all the torment of a severe attack of retention of urine. In order to relieve him, I left a gum catheter in the urethra and bladder, and at intervals injected some tepid water into the bladder with a syringe. Every portion of water dissolved a portion of the blood; and by means of the same syringe I was enabled to draw the blood which was thus dissolved out of the bladder. By performing this operation in so careful a manner as not to produce any fresh hæmorrhage, and repeating it over and over again, in the course of forty-eight hours I succeeded in emptying the bladder completely of the blood which had been accumulated in it. The patient lived for a year and a half afterwards, and there was no reason to believe that any ultimate harm arose from the bleeding.

[The present article concludes Mr. Brodie's Lectures on the Diseases of the Urinary organs, with the exception of those on Calculous disorders, which our arrangements oblige us to postpone, at all events till after the publication of some lectures illustrating Mr. Charles Bell's views of the Nervous system. With the first of these we shall present our readers next week.—E.]

[We subjoin the first of a set of papers on the management of children, by Dr. Hunter. The Manuscripts are in his own hand-writing, and the corrections are made with a degree of care which leads to the idea that he had intended them for publication.]

THE MANAGEMENT OF CHILDREN FROM THE BIRTH,

In England, and particularly in London.

BY DR. WILLIAM HUNTER.

THE navel string is not tied, at the birth, till the child has breathed or cried freely—about two inches from the navel, firmly, and with a thread, made of several laid together, that it may bind firmly without cutting.

As soon as the navel string is cut, the child is put into a receiver, viz. a flannel cloth, lined with linen; wrapped up in it, but so as to receive air freely at its mouth and nose; and given to a woman to hold on her lap, till the nurse can wash and dress it. In cold weather the flannel is put inwards, the linen in hotter seasons.

The nurse, having prepared every thing, sits down, takes the child on her knee, and washes it carefully with warm water and about one-sixth part brandy, rubbing every part with a small sponge or flannel rag. If the child be covered with any, or much of the white greasy mucus, the nurse commonly rubs such parts with a little pomatum, axunge, or butter, to soften the filth, and make it wash off more easily with the brandy and water. Then it is very well dried with soft linen, and put into a fresh receiver, to be dressed. The head-dress is commonly first put on, from a supposition that a child is in danger of catching cold in its head, especially at the mould; but the observations of nurses have seldom been made with accuracy.

Next she rolls up the navel string in a singed or dry linen rag, turns it upwards on the belly over a little compress, which is next the skin, and puts a small compress, or folded linen cloth, over it, and binds it down, first with a strap of linen, and then with a flannel roller, which goes several times round the body. Over this she puts a short shirt, or shift, &c. &c. When completely dressed, the arms are left loose, or, at most, only pinned at the elbow to the clothes of the body, so as to prevent sucking the hand.

The first 12, 16, 20, or 24 hours, the child takes only, from time to time, two tea-spoonsful of the following mixture: viz. rhubarb three grains, oil of sweet almonds two drachms, syrup of roses six drachms, diluted with water; and, when restless, a little barley-water, or very thin gruel of oatmeal and water boiled.

In that time the child has generally had two or three black stools, and often pukes up a good deal of phlegm, and then is put to the breast; sooner if it has had large evacuations, and seems by its hunting with its mouth, and crying, to be hungry; later, in proportion as it has had less evacuation, and is more quiet. When put to a nurse's breast with a full flow of milk, it should not be allowed to suck as much as it often would; but children at this age commonly bring up the contents of an over-charged stomach so easily, that health is in very little danger from an error of this kind.

Some are of opinion that a child should be brought into a habit of sucking only at stated times; but we think the finest children are those who are indulged with sucking when they are in the humour, or feel the call of nature: and surely every mother who is left to be guided by her own feelings and judgment, would follow that rule which, with a most happy effect, seems instinctive in other animals.

Many are of opinion that a child should twice a day eat a little gruel or panada, with, or without, fresh cow's milk in it: some, because they imagine milk alone too thin a food, especially at the age of some months; but most, because they say a nurse may be taken ill, or a child, from some complaint in its mouth, may not be able to suck; and in either of those cases it is an advantage that the child is in the habit of doing what is then absolutely necessary for its preservation. But, we know that milk is the natural food, and that children are not easily reared without it; and therefore, where parents are inclined to have a child fed with a spoon, or boat, we recommend giving only a little at a time, as it is chiefly done to induce a habit. And in proportion as the child grows older, we give the pap, gruel, or panada thicker, and in greater quantity.

Nature has not pointed out the time or the manner of weaning a child; thence

no wonder that the opinions of mankind should differ upon the question. We are commonly determined, by the peculiar circumstances in every case, to make that change at any time from 6 to 12 months; and, therefore, more commonly do it about 9 months. A child of 12 or 14 months has so much sense and reflection, that weaning them is more difficult. Some mothers and nurses recommend weaning a child very gradually, by feeding more and more, and letting it suck less and less, till insensibly it sucks none at all. We think it better in general for the child, after feeding it a little more than usual for a few days, to wean it all at once. In the other way, the child at last takes stagnating milk, which is not so healthful; and it is teased for a considerable time. But when taken from the breast at once, beginning in the morning, it may be amused in a variety of ways through the day; and in 24 hours, very commonly, seems to have forgot that it has any particular want.

The people of England are very much divided in their opinion about animal food for a child—some giving broth from the very beginning of life, and a little chicken, &c. as soon as the child can manage it. To judge from our own observation, we should rather condemn the practice in general; though in particular constitutions we think it advisable. We think children should be well-grown before they come to animal food, and fermented or spirituous liquors; and if it were not for training a constitution, to bear what humanity by custom must submit to, we think it might be as well to give up perhaps both, but certainly the last.

We dress children as we are directed by common sense, so as to keep them comfortably warm without sweating; carrying them frequently into the air in tolerable weather. They use no stockings till they begin to walk; then, using short coats, their legs in cold weather require stockings; but till then it is an inconvenient part of the dress, because it is difficult to keep them dry. Therefore, when they begin to be put upon their feet, we give them soft shoes without stockings while the weather is warm.

The dress of an infant should be *loose*; yet nurses find that a moderate degree only of looseness in dress is best: for if the clothes are not a little firm, they cannot with ease and security

handle a child, or keep the clothes close to the body.

Many, who are fearful of mischief from pins, have banished them entirely from a child's dress, and have endeavoured to contrive such forms of dress as could be kept upon the child by tying. But the most experienced nurses say, that such dresses are apt to lie loose or hollow in some parts, so that the body is not equally covered, and that a few pins are very necessary.

The child sleeps either in a cradle or in a small bed, the curtains drawn close in very cold weather, but commonly a little open, that fresh air may be admitted.

The child is washed every morning with cold water: at first a little warm water is mixed with it, and less and less every morning, to bring the child gradually to bear water quite cold. The head is washed with brandy and water, or with brandy alone; or if washed with water only, the nurse commonly, after drying it with a cloth, wets and rubs it with a little brandy. The reason is a fear that the child may take cold in its head, from the hair retaining some watery moisture, which the warmth of the brandy is supposed to prevent. After being well dried, the arm-pits, groins, and parts which are apt to gall, especially in fat children, are strewed or puffed with wheat flour. Every body now knows that cerusse, or white lead, which is still more cooling and drying, is dangerous about a child, as being very poisonous. It was formerly used, as the flour is now, when the child was much chafed or excoriated.

We imagine that cleanliness is important to health; therefore fresh cloths are frequently applied; frequent examination is made to know if the child be wet, especially if it give any symptoms of being uneasy; and any part of its body which has been wet by the natural evacuations, is first made very clean, at least with the corner of a wet cloth, and then dried.

The nurse's diet is to be attended to with care; but rather that it be a cool, wholesome, common diet, than that she is to take or abstain from any particular dishes. Flatulent vegetables are especially to be avoided; and whatever happens to disagree with her constitution in common health. All her sufferings in body and mind are supposed to have some effect upon the child; and,

therefore, we choose a nurse who is healthy, temperate in eating and drinking, and of good dispositions; and when she turns out otherwise, we immediately change her; observing that there is no danger in giving another milk.

In choosing a wet-nurse, besides the above-mentioned circumstances of health, temperance, and good humour, we require that there be no hereditary disorder of mind or body in her family; that she has already suckled one child, whereby she may have given a proof of her constitution, and acquired some skill and handiness in dressing and managing children at the breast; and we prefer the nurse who has not the *menses* while she gives suck, though many good ones have;—but we observe, in many instances, that the milk is affected, and the child disordered, at such periods.

As children grow up, we give them more and more both of air and exercise; and we are partial both to the common cold bath and to sea bathing; especially when children have any tendency to great corpulency, to inactivity, and more particularly to rickets, or to glandular complaints,

Cold bathing appears to be less in use on the Continent than in England. With foreigners, and even with many among ourselves, there are prejudices against the practice, which, in fact, are found to have little foundation but in the fears of tender parents. The great objections have been, first, its being so terrible to a child, and thereby doing great harm to its nerves, sometimes frightening it into convulsions; secondly, giving colds and coughs; thirdly, repelling constitutional and salutary eruptions. In fact, we have seen no convulsions, or any important mischief, from the fright; and it is easy to prevent terror by putting some warm water at first, and gradually less and less, so as, in a few days, to bring the child insensibly to bear cold water without surprise; and the child is to be dipped in a playful way, and by a nurse, or parent, that it is acquainted with and fond of.

Colds and coughs are not, in fact, brought on by cold bathing, when conducted under the following regulation. First, let the water be as cold as possible; and therefore, except in very severe weather, the water should be fresh

pumped every morning. Secondly, let there be but one quick emersion. Thirdly, let the child be received and covered up in a blanket, carried immediately to a fire, and dried very well all over, but especially the head, with soft, spungy, linen towels.

The third objection is removed by avoiding the cold bath occasionally, when there is any considerable eruption; especially if it be supposed to be in any sense critical. We always suspend cold bathing, likewise, when a child has any feverish symptoms, cough, purging, or any other considerable disease.

We are not fond of putting children early upon their feet, and supporting them with a back-string; but rather that they should be allowed to play, and crawl upon the carpet, and learn of themselves to get upon their feet. In this way they do not anticipate their strength; they walk with more caution and a better poise, and are less subject to get falls.

[To be continued.]

VACCINATION.

NO. I.

To the Editor of the London Medical Gazette.

SIR,

THAT a very general anxiety now prevails in this country on the subject of vaccination, will not, I presume, be questioned by any competent observer. In every family that I visit, something constantly occurs to bring it on the tapis: questions are every where put to me touching the extent and degree of its protecting power; and every where do I find the same anxious but laudable desire to acquire some portion of that information on these points which the world gives credit to the faculty for possessing. Under this impression, I have thought that a few pages of your excellent publication might (with reference to both the classes into which mankind may be divided—those who take physic and those who give it) be beneficially occupied with a discussion on the principal topics which at present occupy the public mind in reference to vaccination. We have ceased to talk about a spurious cow-pox, a phantom

which disturbed so greatly the minds of our predecessors. We have happily ceased, too, to consider vaccination as the parent of those cutaneous complaints by which infantile life has always been, and will probably ever continue to be, infested. But the march of time, which has left behind these subjects of common gossip and professional debate, has opened to us some new and curious questions concerning vaccine influence; and to these I propose to limit my attention in the short series of essays now contemplated. Being desirous to make myself intelligible to all classes of your readers, I must beg the indulgence of my professional brethren if I am sometimes more elementary than would otherwise be necessary.

The first and most natural question which occurs to those who hear of the fact of small-pox taking place after vaccination, is—what is the *extent* of such occurrences? In other words, what proportion of the vaccinated are subsequently affected by small-pox in a well marked and cognizable form? Their second question usually has reference to the *severity* or *intensity* of such attacks. Every one feels that the answers to these questions involve the very pith and substance of the whole question, and they well deserve, therefore, the priority of discussion. The last Report of the National Vaccine Establishment touches upon both points, but in so very loose a manner that I am tempted to doubt how far the reply there given will be deemed satisfactory by the public. With regard to the question of *extent*, they say, that “the number of those who *fall into* small-pox after vaccination, is not greater than that of those who formerly *died* by inoculation whilst that practice prevailed.” How the members of the vaccine board have arrived at this conclusion, I am unable to say; nor do I clearly see whether they mean that the *absolute* or the *relative* numbers of those who take small-pox after vaccination, is greater than the deaths in old times by inoculation. Mr. Edmonstone, in his recent work, entitled “Observations on Cow-Pox,” page 150, has shewn that, if every individual born in the three kingdoms was to be inoculated for small-pox, the number of deaths by that disease would be annually 700. But as inoculation was certainly not practised, at any period, upon more

than one-third of the population, the deaths accruing in that manner could never have exceeded 233; and surely the Board could not mean to say that this is the amount of cases of small-pox after vaccination throughout the whole island. In the year 1827, I had 105 cases under my own care, at the Small Pox Hospital, besides several whom I attended at the St. George’s and St. James’s Dispensary, and others in private practice. To suppose that I had under my own care one-half of all the cases that occurred throughout the kingdom in that year, is manifestly absurd. The Board, therefore, probably meant to intimate that such was the *relative* number of those who take small-pox to those who die by inoculation; in other words, that one out of 500 vaccinated persons are subjected, in after-life, to small-pox. This, however, I have reason to consider very wide of the truth.

I have often thought that a fair ground of calculation, as to the extent of small-pox after vaccination, might be drawn from the following source. In the same year that I received 105 patients after vaccination, I vaccinated 3702 persons; that is to say, one out of every 35 may be said to have returned upon my hands. This calculation, however, requires some correction, from the consideration that other vaccine institutions do not, for the most part, receive variolous patients. Making a due allowance for this, therefore, I would consider that one in fifty will express, as nearly as our present knowledge authorizes, the proportion of vaccinated who subsequently take small-pox in a well-marked cognizable form. Whether or not this proportion has yet reached its maximum, and whether the increased attention now paid to the performance of the operation is likely at some future period to *lessen* the proportion, are points on which I feel myself incompetent to argue at length. I would merely observe, *en passant*, that the proportion of admissions into the Small Pox Hospital, of patients labouring under small pox after vaccination, which rapidly increased from 1808 to 1822, has become stationary since that period. The proportion in this case, it will be observed, is not between those who take it and who do not take it after vaccination, but between those who have small pox after vaccination, and

those who undergo that disease without preparation of any kind, and it is now as one to three. This fact induces me to think that the maximum of vaccine imperfection is now obtained, and that the probability is rather in favour of a *diminution* than of any increase in those unpleasant occurrences which have of late so strongly excited the attention of the public.

The second question relates to the severity or intensity of the attacks of small pox occurring subsequent to vaccination; and here again we have the Vaccine Board expressing themselves in doubtful terms. "This disease," it is said, "is safe, though sometimes severe." If by this we are to understand that small pox, after vaccination, never terminates fatally, which the word *safe* appears decidedly to imply, the assertion is directly at variance with their own former Reports, with the experience of the Small Pox Hospital, with that of several of our best writers, and with the documents published in foreign countries, where vaccination is said to enjoy, like a prophet, more honour than in its native country. In the National Vaccine Report for 1819, we find the following passage:—"Five cases have been reported to the Board of vaccinated persons who have subsequently died of small pox." In the Report for 1820 it is stated, "In several of these cases the malady has been prolonged to its ordinary period, and in eight reported cases it has proved fatal." That the occurrences are afterwards satisfactorily explained without impugning the general efficiency of vaccination, is undoubted. Again, since my last Report of the Practice of the Small Pox Hospital, dated Jan. 1, 1826, up to the present day, I have received 190 patients having small pox subsequent to well-ascertained vaccination, of which number five have died. Several of our writers offer their testimony to the same fact. Witness Mr. Edmonstone, of Newcastle, in the work just quoted (a strenuous advocate of vaccination), who informs us, that from the year 1801, to the 29th April, 1825, 42 cases were entered on the books of the Newcastle Dispensary with small pox after vaccination, including both real and presumed, of which number five died, being in the proportion of 1 in 8. Lastly, we read in a valuable document recently published by the College of Physicians of Stock-

holm, that an epidemic small pox raged throughout Sweden in 1824, in the course of which 560 persons perished, of whom 34 are reported as having been vaccinated effectually, and 69 doubtfully.

I have quoted these several authorities, not with the insidious design of injuring a cause which I profess to support, but merely to establish the fact itself, which may next become the subject of more particular enquiry. It must be obvious to all who have watched the course of this dreadful disorder (the small pox), that it proves fatal in two different ways: first, by the violence and extent of its own specific action; and, secondly, by calling into activity other latent diseases. The fact I believe to be, that small pox very rarely indeed proves fatal by the first of these modes; but that it does occasionally prove fatal in the second, cannot, I apprehend, be doubted. Nor need this be a matter either of regret or surprise. When small pox and its accompanying fever once take possession of a weak, delicate, and scrofulous habit, or of one extremely plethoric,—when such a disease attacks persons recovering from other disorders,—when its inroads are synchronous with some other affection, say inflammation of the lungs or bowels,—he is a bold man who would attempt to set bounds to its injurious tendencies. The eye of the practised physician can, indeed, distinguish between the specific and the accidental modes of death in small pox; but this nicety can never be made intelligible to the public mind, which, in the event of the patient dying within 30 days from the invasion of small pox, will always be inclined, and not without some justice, to attribute the death to that cause.

From all I have read and seen, I would say, that the public are not so unreasonable as to expect that vaccination should prove a complete and never failing safeguard against the manifold dangers of small-pox. They well know the importance of a sound constitution in resisting its attack; and further, that in the "severe" cases which the Vaccine Board acknowledge, the result must, in some degree, depend on the skill with which the patient is treated. All that, as it appears to me, the public requires, is an assurance, founded on clear data, that in its ordinary and regular course, small pox, as

it occurs after vaccination, is like a sore throat, or rheumatic fever, a safe disease; and that the deaths which it sometimes occasions are referable to accidental circumstances, which no human foresight could have guarded against. But of the 105 cases of small-pox, after undoubted vaccination, which fell under my care last year, as already stated, I lost but one—a man vaccinated in Kent; and his death is attributable to the concurrence of small-pox of a severer kind than usual, with a diseased condition of the lungs, which would alone have occasioned his death, in all human probability, in less than six months. That the general character of small-pox, as it occurs subsequent to vaccination, is that of a mild disorder, not implicating the great springs of life, is a fact fully established, and as well known to the public as to the medical profession. My experience among the out-patients at the small-pox hospital enables me to say that such a complaint is not, in any degree, dreaded by the great majority of the lower and middling ranks throughout the metropolis and its neighbourhood. One woman applied to me, within the last two months, expressly for the *vaccine preparative*, and all who apply at the hospital are impressed with the belief, that a certain proportion of the vaccinated will, in after-life, become the subjects of the mitigated, or mild small-pox, as they commonly call it.

The extent to which inoculation is now carried in London and in the country; the increasing practice of re-vaccination, with its advantages and disadvantages; the propriety of testing with variolous matter, and the probable sources of imperfection in the vaccine process, will form the subjects of my next communication.

I have the honour to be,

Sir,

Your obedient Servant,

GEORGE GREGORY.

8, Upper John Street, Golden Square,
March 28, 1828.

CASE OF DISEASE IN THE BRAIN,
Affecting the Origins of the Fifth and Seventh Nerves.

COMMUNICATED BY MR. STANLEY.

A LADY, aged 40, was attacked, immediately after her confinement, with fever and inflammation of the brain; after which, she suffered severe and almost constant pain in the head. Again becoming pregnant, she was confined about three months before her death. When nearly recovered from this confinement, she was attacked with pain in the head, more acute than usual, and delirium. These symptoms subsiding, hemiplegia supervened, and continued through the remaining two months of her life. During this period, the following circumstances were particularly noticed:—

The hemiplegia was on the left side. In the face, sensation and motion were completely lost. In the arm and in the leg, sensation remained.

There were frequent attacks of erysipelas in the face, but confined to that side which was deprived of sensation and motion.

In the left ear hearing was completely lost.

In the left side of the tongue sensation was lost, but motion remained.

Whilst in the right nostril the mucous membrane was pale, in the left nostril it was constantly of a deep red colour, and there were several discharges of blood from it.

In the left eye the vessels, first of the conjunctiva, then of the deeper membranes, became inordinately distended with blood. Opacity and ulceration of the cornea soon followed, with the escape of the aqueous humour, and complete disorganization of the globe.

Upon the subsidence of the delirium which preceded the hemiplegia, the intellect became clear, and remained so to the moment of death.

The medical superintendence of the preceding case was confided to Dr. P. M. Latham and to Mr. Eyles. I visited the patient in the latter part of her illness, and the opportunity was given me of examining the brain, which presented the following appearances:—

Effusion of transparent fluid into the cellular tissue of the pia mater, and into the ventricles, to the extent of about four ounces.

Enlargement of the tuber annulare, especially on its left side, and in a direction to compress the fifth and seventh nerves against the basis of the skull. A section of the tuber annulare discovered within it a tumor about the size of a walnut, occupying the whole of its left side, and extending into the left crus cerebelli. The consistence of the tumor was firm, its colour brown, and specks of blood were dispersed through it. From this morbid structure the fifth and seventh nerves were detached. When examined close to their respective foramina in the basis of the skull, these nerves presented no unusual appearance in size or texture.

The history of the foregoing case may be interesting to physiologists, as it records an instance of disease in that part of the brain whence the fifth and seventh nerves are detached, producing in the parts supplied by those nerves certain effects agreeing with the experiments of Magendie and others. Here, however, was an experiment of Nature's own making, free from the objections which may attach to experiments upon living animals.

In the case now related, the morbid changes in the eye, consequent on the disease, at the origin of the fifth nerve, were precisely the same as are reported to follow the division of this nerve in a living animal. The abolition of the functions of the fifth nerve in the human subject by disease, and in the brute by its division, was alike followed by inflammation, destructive of the eye; and, in the case before us, the excitement of the blood-vessels in the parts deprived of sensation and of motion, was further manifested in the erysipelas of the paralysed cheek, and in the inordinate repletion and rupture of the blood vessels in the nostril of the same side.

MR. ABERNETHY'S LECTURES.

To the Editor of the London Medical Gazette.

SIR,

My bookseller sent me a volume, entitled "Lectures on Anatomy, Surgery, and Pathology, by John Abernethy," published by C. Smith, and sold by James Bulcock, and other booksellers. This book, I conclude, contains the

lectures that were represented to be mine, and most dishonourably published by the Editor of a periodical pamphlet called the *Lancet*. It seems, therefore, that the present publication is but an attempt of one rogue to defraud another of his booty.

On the following morning I received a note from a surgeon, containing these words:—"I perceive that you have just published your Lectures, by Mr. Bulcock, Strand," &c. Feeling greatly annoyed by the supposition that even the least informed of our profession might believe that these lectures were mine, and published by my consent, I compared some of the sections of this book with those notes of my lectures which I produced in the Court of Chancery, to shew that I had a kind of copyright in them; but, as happened in that Court, when the pirated copy was compared with the original copy, no such correspondence could be found; but this evidence, which would have been satisfactory in a court of medicine, was of no avail in a court of law and equity.

Under these circumstances, I wish to announce to the members of our profession, that I will publish my own notes of my lectures on all those subjects met with in the *Lancet*, with as much speed as my other avocations and the infirmities of advanced and advancing years, will permit.

If, Sir, you will give insertion to this letter, you will much oblige

Your obedient servant,

JOHN ABERNETHY.

SKETCHES OF THE SCHOOL OF PHYSIC IN IRELAND.

No. I.—DR. CRAMPTON.

A QUARTER of a century has rolled smoothly on since this gentleman was first chosen to fill the situation which he still continues to hold—the chair of *Materia Medica*. Were there no other reason for giving him precedence in the series of cotemporary portraits, which I intend to present to the readers of the *Medical Gazette*, surely this alone should give him a superior claim. Time has honoured—the "snow of age" has fallen lightly upon him; and his seniority imparts to him a privilege

which I am quite ready to countenance and support.

Perhaps no period of equal length can be pointed out as of equal interest, or even entitled to be compared with the last five and twenty, or thirty years. Without adverting to the great events which diversified and disturbed the political aspect of that time, I would simply solicit the reader's attention to the giant strides which human knowledge has made within that period. In all the arts which contribute to the advancement of civilization, and to the welfare of society, a progress has been effected—a progress so striking and so generally appreciated, that it would be tiresome to dwell upon it here. But it may not be deemed so intrusive to offer a few observations on the late improvements in medicine—that art which contributes so essentially and indispensably to alleviate the distresses and to promote the happiness of the human race. That medicine is in the great road of improvement can only be doubted by obstinate scepticism; but it is with reference to one of its branches only, and that perhaps the most important one, that this assertion can be decidedly pronounced. It is in pathology, or the science of disease alone, that we can discover indubitable proofs of that advancement towards perfection which modern medicine can boast. In therapeutics, and its minor branches, we have not been so fortunate. What we have gained by our rapid progress in the science of disease has not been followed up with an equally flattering success in an improved method of *treatment*; these two great divisions of medical science have not advanced hand in hand—they have not kept mutual pace; and thus our progress in the one is rendered nearly unavailable by the tardy gait of the other. Our knowledge of the powers of medicinal substances is in no very advanced state; not that we have wanted labourers in the field—rather the field itself has proved comparatively barren. What we know of these powers has been the result of a very slow and unequal progress, very unlike the steady and successive improvement which has attended other branches of natural knowledge. Whatever improvement *materia medica* has experienced has arisen from the illustration of collateral branches of science; and, as Dr. Paris has truly observed, we

cannot produce *a single instance* of a remedy, resulting from the regular combination of observation, analogy, and experiment. To the able and successful prosecution of chemical analysis we are chiefly indebted for such improvements as have been made in this department of medicine; and the immediate benefit which has been derived from this source is strikingly observable in the simplified lists of medicinal agents which the more recent works on this subject present us with. From our ignorance of the intimate constitution of substances, whatever we know of the medical effects must be entirely empirical, or must, at least, originate in the successful employment of a refined analogy—that powerful instrument which has so eminently aided the exertions of philosophers in more modern times. It might prove a pleasing and no very inappropriate exercise to take a hasty review of the labours of some of those eminent individuals; but I shall not yield to the temptation, nor indulge further in digression.

In delineating the character of Doctor Crampton, in the present brief sketch, it is by no means my intention to observe that order and minuteness of narrative, which properly belongs to biography, neither shall I intrude upon the inviolable retirement of private life.

The subject of the present article has pursued rather a silent though a successful route, and procured for himself many of the things which are most desirable in this world. So early as the year 1803, when he must have been a very young man, (for his features afford no data whatever whereby we can form a more accurate estimate of his age, being of that hardy and unyielding cast which bid defiance to the wreck of time,) so early as the year 1803 he succeeded in obtaining the professorship of *materia medica* on the foundation of Sir P. Dun. Since that period we find a most formidable list of places and pensions connected with his name; and among his style and titles we may notice the valuable appointments of physician to St. Patrick's hospital, commonly called Swift's Lunatic Asylum, Physician to the House of Industry, and Physician to Stevens's hospital. The duties connected with these appointments, we may naturally believe, keep him busily employed, rendering him at the same time nearly independent of

private practice. It may be doubted, however, whether, under any circumstances, Dr. Crampton ever could arrive at the height of eminent practice, deficient as he is—*comparatively* deficient, I should say, in that extreme complaisance and courtier-like flexibility of manner for which his brother is so remarkable. Yet situated as he is, such disqualification should rather be accounted beneficial; he is evidently thus enabled to devote more attention to the important duties of the professor's chair. Let us now view him in this capacity.

It has been contended by an author, whose opinion is of great weight in the literary world, that the system of lecturing is superfluous in the present state of society; that with the aid of books and reading, which scarcely a single individual in the community does not now enjoy, lectures can convey no additional information of any importance, and rather impede than promote the advancement of knowledge. I should be very willing to adopt this opinion in its fullest extent, so far as it applies to certain branches of knowledge; for instance, to the chief part of the studies of law and divinity, where lectures can consist of nothing more than abstract reasoning and repetition of what has already been given to the world in books, and which would certainly be more profitably read and meditated on in the retirement of the closet. Attendance upon a course of lectures of this description serves for little more than to amuse and to deceive the idle, while it only retards the progress of the diligent. But how strangely absurd must it be to insist that lectures in medical science are unnecessary or superfluous! Perhaps, in every branch of medical study, lectures may be stated to be *indispensably* necessary. It may be laid down as a general principle, that when any thing is to be palpably demonstrated, when structure is of consequence, and when reflections may arise from the contemplation of form to that of function, lectures cannot be dispensed with. And it is for this reason that natural history in every one of its three great divisions is so materially benefitted by the illustration of lectures. Now *materia medica*, based as it is upon natural knowledge in its fullest extent, derives the most impor-

tant advantages from the lecturing system. A course of lectures in *materia medica*, composed and delivered as they should be, can never fail to prove highly curious, interesting, amusing, and informing. The only thing to be feared seems to be the possibility of our permitting ourselves to be carried away by the ardour of enthusiasm in the contemplation of its objects. The mind is kept in a state of constant activity; boundless variety attracts and secures the attention, and little more is required on the part of the lecturer than *very common* powers of language, and a clear arrangement. Examined in conformity with these principles, the lectures of Professor Crampton cannot be said to be productive of much benefit to those who attend him;—nay, I should rather feel inclined to affirm that they are more calculated to beget a distaste than an enthusiasm for the study of *materia medica*. In addition to the obvious deficiencies of arrangement, Dr. Crampton's style is not that of a man who has ever been fond of his profession, much less of one that grows more ardently attached to it as he grows older in the chair. He goes through the business of lecturing like one who is bound to the performance of a heavy task; in fact, like some unhappy being who moves round and round in a treadmill for five and twenty long years; while the comparison is rendered still more strikingly applicable by the almost unassignable progress he has made. All the allurements of novelty, and of recent interest, are absent from those lectures; and well may his pupils be indifferent to the subject, and as anxious as himself that their short hour should be at an end, when the Professor takes so little pains to conceal his anxiety to get rid of the business with all convenient speed. His mode of delivery, which is generally cold and spiritless, is occasionally varied by being dry and sour. With chemical experiments he would seem to have nothing whatever to do; he seems to have a great contempt for that science in general:—it is evidently too troublesome and too productive of dirt and annoyance to be permitted to interfere with his concerns.

He appears not to have any conception of the rapid strides which chemical philosophy has made of late years—with him it is unnoticed: he is totally unac-

quainted with the actual state of chemistry, and seems to have formed the opinion that *materia medica* has long since attained the utmost perfection; at least so far as it depended on chemical research to accomplish that object. *Materia medica* with him has come to a dead pause; its progressive career is checked. The labours of Vauquelin, Berzelius, Brande, and Thomson,—and the host of great modern names, if ever once thought on, are treated with perfect indifference or contempt. He looks upon those experimentalists as engaged in impertinent and unproductive pursuits. With such a conviction on his mind, he might be expected to bestow his attention on the preparing and polishing his lectures on those subjects which he deems worthy of his pupils' consideration; and as he has no more to add, that he would render his actual stores as available as possible. The samples and specimens which he daily sends round by way of illustration, are already venerable specimens of the antique, worthy of a distinguished niche in some great national museum of the curious relics of former times. They are the very same musty articles which he has been exhibiting for the last twenty years, and it is not a little laughable to hear him reiterating every session his eternal apologies for their imperfections. The only redeeming instance, perhaps, that can be adduced is, the lectures on cinchonia and opium; these have certainly been *refilled* within the last eight or ten years; they are *comparatively* modern; they were probably composed soon after the discovery of morphia and cinchonia, but researches of a later date than this are absolutely unnoticed; the important discoveries of Robiquet are unknown, and the very existence of meconic acid is not even hinted at.

Doctor Crampton is both a judicious and skilful physician. Yet it will excite but little surprise in those who are aware of the extreme capriciousness with which fortune dispenses her favours to medical men, to be informed, that he ranks only as a second rate. He is not one of our most fashionable physicians at present; he has not wound himself into the good graces of certain all-controlling, all-influencing patrons. He has not united himself, in the spirit of cant, with the Walkerites, or the frequenters of the Molyneux; and in a word, he is not in-

debted to the tabernacle for any share of the practice which he enjoys. His practice as a physician can only be traced to his real solid acquirements, his acknowledged experience, and the respectability of his connexions. He professes too much honest pride to be well adapted for catching the popular gale, or well prepared to employ those petty though successful artifices upon which certain of his contemporaries so manifestly depend. Sensible as he is of the preponderating influence of such manœuvres, and of the outstripping exertions of his more accomplished and obsequious brethren, he wraps himself up in his independence, and quietly awaits the revolution of the wheel. It is scarcely possible, however, to preserve upon all occasions this stoical equanimity; in his intercourse with his rivals, his feelings are not unfrequently evinced in splenetic and ill-repressed ebullitions of discontent. With regard to his clinical practice more particularly, his treatment of disease, as I have already said, is marked by judgment and skill;—in fever and acute cases eminently so. Dr. Crampton was among the first who proposed and recommended venesection in dropsy; and he likewise controverted the opinions of Blackall, with respect to the coagulability of dropsical urine by acids; he proved that this was no test of the presence of inflammation. Some excellent papers of his on this, and several other interesting topics, may be seen in the successive volumes of the Transactions of the College of Physicians in Ireland, and in the Dublin Hospital Reports. They have been noticed, and commented on in so many critical journals that it would seem but an idle and unnecessary task to offer any additional remarks on them in this place.

A word or two more and I have done. It is of Dr. Crampton, chiefly as a professor, and as connected with the school of physic in Ireland, that the preceding opinions have been freely offered, and without my being actuated towards him by any feeling of illiberality. Whatever may appear harsh in my observations upon him as a lecturer, has originated in the view I have taken of the paramount importance of the situation which he holds, and of the influence which it is in his power to exercise over the minds and habits of his pupils. The study of *materia medica* is a chief portal to the ample domains of medical science; it is

frequently one of the first branches of medical study entered upon; and the impression made on the student's mind by any inattention or carelessness on the part of his instructor, cannot fail to be productive of the worst consequences. I can scarcely permit myself to address Doctor Crampton, as one who is not fully sensible of the duties of his station, and of its extreme responsibility. But the principle of the poet, *video meliora proboque, pejora sequor*, is but too often unwittingly acted upon. The subject of this sketch affords an example of a man of considerable ability, of integrity, and estimable character in private life, yet persevering in a course of life unmarked by energy, or any of those more prominent qualifications which could give him a strong claim to pre-eminence.

EBLANENSIS.

ANALYSES & NOTICES OF BOOKS.

“ L'Auteur se tue à alonger ce que le lecteur se tue à abrégér.”—D'ALEMBERT.

The Gold-headed Cane. Second Edition. London: John Murray, Albemarle-Street.

THIS is a Second, and much enlarged Edition of a very amusing book, by an anonymous writer, but universally attributed to Dr. Macmichael: if so, why not put his name to it? Darwin was afraid to publish his *Botanic Garden* for fear his reputation, as a poet, would injure his practice as a physician, but the present volume, although not on a practical subject, could have been written only by a man who, to a familiar knowledge of the practice of his profession and considerable research into its history, added the power of working up the dead incidents of antiquarian lore into living scenes, related by an eye-witness. In a closet, at the College of Physicians, stands a gold-headed cane, which was formerly the property of Dr. Radcliffe, the celebrated physician in the time of Queen Anne. When Radcliffe died, not his mantle but his cane fell to Dr. Mead; and from him it was transmitted to Dr. Askew, Dr. Pitcairn, and lastly, to our own great and regretted contemporary Dr. Baillie, by whose

widow it was presented to the College of Physicians. This cane, which had passed through the hands of so many eminent doctors, had been present at so many important consultations, and had moved so long in the service of the profession, by an easy fiction was supposed to become its autobiographer, and thus to relate the history of medicine in England for more than a century. This was well done in the first Edition. The book was very popular, as it deserved to be; and its success has encouraged the author to enlarge the Second Edition by several additional lives;—those of Sir Hans Sloane, Dr. Wm. Pitcairn, Dr. Richard Warren, Sir George Baker, and Dr. Heberden. The book, although under the garb of fiction, is purely historical: though light and agreeable reading, it must have required a great deal of research. Wherever we have taken the trouble of tracing the author to his authorities we have found him correct. Much, however, must be traditional, and we are obliged to him for preserving the perishable materials of medical biography. Some of it must have been obtained from the manuscripts and records in the Library of the College of Physicians, accessible to Dr. Macmichael, the Registrar. To physicians it must be gratifying to see that nearly all the great discoveries in anatomy and physiology were effected by them rather than by the surgeons. We have room only for a few extracts, which we make from those parts of the new Edition which have not yet been published.

“ I have spoken before of this eminent physician, but his professional career was so brilliant, and attracted my notice in so remarkable a degree, that I must bestow an additional observation on his character. If posterity should ask what works Dr. Warren has left behind him worthy of the great reputation he enjoyed during his lifetime, it must be answered that such was his constant occupation in practice among all classes of people, from the highest to the lowest, that he had no leisure for writing, with the exception of a very few papers published in the *College Transactions*. But the unanimous respect in which he was held by all his medical brethren, which no man ever obtains without deserving it, fully justifies the popular estimate of his character. To a sound judgment and deep observa-

tion of men and things, he added various literary and scientific attainments, which were most advantageously displayed by a talent for conversation that was at once elegant, easy, and natural. Of all men in the world, he had the greatest flexibility of temper, instantaneously accommodating himself to the tone of feeling of the young, the old, the gay, and the sorrowful. But he was himself of a very cheerful disposition, and his manners being peculiarly pleasing to others, he possessed over the minds of his patients the most absolute control; and it was said, with truth, that no one ever had recourse to his advice as a physician, who did not remain desirous of gaining his friendship and enjoying his society as a companion. In interrogating the patient he was apt and adroit; in the resources of his art, quick and inexhaustible; and when the malady was beyond the reach of his skill, the minds of the sick were consoled by his conversation, and their cares, anxieties, and fears, soothed by his presence. And it may be mentioned among the minor qualities which distinguished Dr. Warren, that no one more rapidly gained the confidence or satisfied the scruples of the subordinate attendants upon the sick, by the dexterous employment of the various arguments of encouragement, reproof, and friendly advice. The height he had rapidly attained in his profession he maintained with unabated spirits till his death, which took place in 1797, at the age of sixty-five, at his house in Dover Street."

"About six months after the death of Radcliffe, I was present at a consultation between Sir Hans Sloane, Dr. Cheyne, and Mead. It was held on the case of Bishop Burnet, the prelate so celebrated for the "History of his own Time," and for the active part he had taken in the great transactions of that eventful period.

"He had been taken ill of a violent cold, which soon turned to a pleurisy; and this increasing, and baffling all remedies, his worthy friend and relation Dr. Cheyne called in the assistance of the two other doctors. Up to this time Burnet had enjoyed uninterrupted good health, which he attributed, not without reason, to his temperate habits. 'I will give you,' said the venerable patient to Dr. Mead (for the Bishop was now 72 years old), 'a short outline of

my course of life. In summer I have been in the habit of rising at five in the morning, in the winter at six; and I have always officiated myself at prayer, though my chaplains may have been present. I then took my tea in company with my children, and read the Scriptures with them. I have generally spent six or eight hours a day in my study. The rest of the day has been passed by me in taking exercise, making friendly visits or cheerful meals. But now, to use an expression of my late gracious master King William, whom I knew well for sixteen years, I feel *que je tire vers ma fin*.'

"The doctors listened to the melancholy presage of the bishop, and having put the necessary questions to him, withdrew into the adjoining apartment, for the purpose of consultation. I was now in company with two physicians of great eminence, though of very different characters. On the one side of me stood Sir Hans Sloane, who had shortly before been created a baronet by His Majesty George the First, being the first physician upon whom an hereditary title of honour had ever been conferred; in his person tall and well made, sprightly in conversation, easy, polite and engaging in his manners, by birth an Irishman. On the other was Dr. Cheyne, a Scotchman, with an immense broad back, taking snuff incessantly out of a ponderous gold box, and thus ever and anon displaying to view his fat knuckles; a perfect Falstaff, for he was not only a good portly man and a corpulent*, but was almost as witty as the knight himself, and his humour being heightened by his northern brogue, he was exceeding mirthful. Indeed he was the most excellent banterer of his time, a faculty he was often called upon to exercise, to repel the lampoons which were made by others upon his extraordinary personal appearance. Nothing could be more striking than the contrast of the two celebrated men before me.

"Sir Hans began by observing, that the age of the Bishop might throw a doubt over the propriety of more bleeding, but he had so often seen the advantage of repeated venesection, that he had the greatest faith in that mode of treatment. 'In one case particularly

* At this time he weighed more than thirty stone, though he afterwards, by changing his habits, and living on milk and vegetables, reduced himself to less than half that weight.

which I saw abroad'—but here let me interrupt the Baronet for a moment, to make an observation, which in the many consultations at which I have been present, has more than once occurred to me. These deliberations are generally proposed either because the attending physician is at a loss what further to suggest, or that he wishes naturally enough to divide the responsibility of the management of a dangerous disease. They are held for the most part upon ailments of a *chronic* nature, that is, upon such disorders as afford time and opportunity to form the judgment, and decide upon a method of practice; for it is lucky that in urgent diseases, or those which are called *acute*, the remedies are simple, and that where delay would be dangerous, the means of relief are obvious. In consultations, there is of course much scope for diversity of opinion, but in the whole range of the plausible reasoning which the conjectural science of medicine admits of, there is nothing so imposing as a *case*; it bears down all before it. One of the consulting Doctors, after hearing the history of the previous treatment, advances that he has seen a case similar to the one now under consideration, in which he did so and so with manifest advantage; the argument is irresistible—

“But this by way of parenthesis. ‘In one case particularly (said Sir Hans Sloane) which I saw abroad, I saved a man’s life, who complained extremely of a great pain in his shoulder, or rather inside of his pleura answering to that part, which increased on breathing high, sighing or coughing, for the patient was troubled with a short cough. The man was on board a ship bound for England, and it was taken by all for sea-sickness, but I told them, they were all deceived, and forthwith ordered him to be bled in the arm to about ten ounces, and gave him an emulsion, and a pectoral decoction of barley, licorice, and raisins. I immediately found him much better, and ordered him to continue this, and to take of crab’s eyes and sal prunellæ, of each half a drachm, and to swallow morning and evening the half on’t, drinking afterwards a pectoral draught, and in case of relapse I ordered him to be bled again; which was necessary to be done, for the ship-chirurgion, contrary to my desire, gave him a vomit; the patient, poor fellow! knowing

nothing of it, till it was down. His pains thus returned, and I bled him twice on two several days, and with an emulsion he was cured. I have found also (added Sir Hans), in similar cases great advantage in applying a hot bag of parched salt to the side; but bleeding is the main remedy. I have bled a patient five times in her foot and arm in twelve hours.’ Whilst the Baronet was speaking, the countenance of Dr. Cheyne underwent various changes, and when mention was made of the emulsion, which, if I am not mistaken, was a compound of linseed oil, sugar-candy, and decoction of barley, it assumed a very decided expression of disgust, for he was a *bon vivant* of the first order. To the further employment of venesection, he was rather averse, and insisted much upon the advanced age of the Bishop. ‘An old man’s body (observed Dr. Cheyne), is like a plant dried by the sun; its fibres are stiff, and juices decayed, and not as in youth able to prepare new nutriment, to repair the loss of solids and fluids. For this decay of the humors, the cure of the *cachymia* is necessary; and to renovate the solids, we find no help like warm bathing and unctions, and you yourself (said he archly to Sir Hans) must have remarked, in your own native country, that the Irish live long, who anoint themselves with salt butter.’ What the remedies were which were ultimately ordered for the aged Prelate, I do not now recollect, but his own prediction was soon after fulfilled, and he died on the 17th of March, 1715.”

Speaking of the difficult duty of announcing danger, he says:—

“By the judicious exercise of this foresight a physician acquires the greatest reputation, and when his prognosis is the result of mature experience, he is entitled to be bold. Besides, the fears, the doubts, and anxiety of the friends of the sick, ought to be taken into account: they have a right to the consolation of certainty; and the doctor ought not to be over-scrupulous of his reputation, nor entrench himself too much in the security of an ambiguous reply. His duties demand discretion and humanity: in circumstances of danger, he is called upon to give to the friends of the patient timely notice of its approach; to the sick, he should be the minister of hope and comfort, that by such cordials he may raise the drooping spirit and smooth

the bed of death. That 'the Doctor should go out at one door when the Clergyman enters in at the other,' is a quaint conceit, more expressive of impiety than humour; for even when the life of the patient is absolutely despaired of, the presence of a man of a compassionate and feeling heart will prove highly grateful and useful to the dying sufferer, as well as to his nearest relations."

We shall conclude our extracts with some remarks upon the rules to be given for the management of the patient's diet. Perhaps it is difficult to draw the exact line between physic and cookery, for we know that some of the most successful physicians have bestowed much attention upon this subject, not regarding the minutest particulars of the culinary art as beneath their notice.

"Discretion and judgment will of course be required; the rules should not be unnecessarily severe or rigid, otherwise they will not be followed; but the prudent physician will prescribe such laws as though not the best, are yet the best that will be obeyed. In many cases, however, it is not enough to say 'you must avoid meat, fermented liquors, or pastry.' All this is infinitely too vague, too general, and unsatisfactory; you must be precise and peremptory about trifles. In a long illness the mind of the patient is enfeebled, the invention of his attendants has been exhausted, and they all like to be saved the trouble and effort of thought; the doctor therefore must think for them, and direct the diet of the sick as he would his draught. Besides indicating an anxious solicitude for the comfort of the invalid, it shows a nice discrimination of the virtues and qualities of the ordinary articles of food, not possessed by less sagacious persons.

"It is in the judicious management of this branch of our art that French physicians particularly excel. *Par exemple:*

'Le déjeuner consistera en thé froid, ou eau froide sucrée, ou non sucrée, avec du lait, et du pain à volonté. Le dîner permet une ou deux portions de viande fraîche, tendre, du pain rassis et des légumes farineux.

'Le vin sera mis avec l'eau pour boisson, et on en boira un seul verre pur (de Xeres) sur la fin du dîner.

'Les pâtisseries, la graisse, les légumes venteux, les fruits, sont défendus.

'Une soupe au bouillon ou de l'eau avec du lait, ou du thé et du pain serviront de souper.'

"A letter of directions like these, though followed by the prescription of nothing more energetic than une légère infusion de feuilles d'oranger, et deux demi lavemens, will go farther to impress upon the mind of his patient a high opinion of the skill of the doctor than the simple and efficient practice of the most judicious and honest physician of the English school."

MEDICAL GAZETTE.

Saturday, April 5, 1828.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

MR. BRANSBY COOPER'S CASE OF LITHOTOMY.

WE are of opinion that, in its long course of falsehood and abuse, the *Lancet* has never outraged the feelings of the profession more grossly than in the account of Mr. Bransby Cooper's recent case of Lithotomy; and we should be wanting to ourselves, and negligent of the general wish, did we not echo back the universal indignation. "Every fool (says a popular writer) knows how often he is a knave, but every knave does not know how often he is a fool." The present case is in point: the Editor of the *Lancet* has let his malignity get the better of his judgment; he is treacherous without art, and a hypocrite without deceiving. A public writer who would carry with him the conviction of his readers, ought to take care that no private feeling becomes apparent: if he makes exposures, they ought to be done at least with a shew of reluctance—they should seem to be the fulfilment of a painful but imperious duty.

When we contrast this principle with the account before us—when we observe the unfeeling brutality displayed in every line—the malignant pleasure with which the embarrassment of the surgeon is dwelt upon and caricatured—the exultation which appears where nothing should be seen but regret—the private hatred overcoming the affectation of public justice, and pretended sympathy for the patient, united in the same sentence with gratuitous insult of the operator,—we cannot but regard this libel as no less unskilful in the execution than it is gross in the design. It is over-done. The virulence of the exaggeration casts a doubt upon the whole. Strip the case of the *theatrical* accompaniments of the Lancet,—assume as facts all that he ventures to assert, and it amounts to this:—that considerable difficulty was experienced in a case of lithotomy, in which the prostate gland was “larger than natural, and the portion which is designated the third lobe presented a singular appearance, being of the size of the tip of the little finger, and *forming a kind of valve at the neck of the bladder* ;” while the calculus, scarcely larger than the disc of a shilling, was “flat and oval-shaped.” Every practical surgeon must be quite aware that much difficulty is often experienced in extracting the stone, however well the first part of the operation may have been performed, when it is so situated, or of such a shape, as to elude the grasp of the forceps. Yet this is all that the Lancet *affirms*—not all that he *insinuates*, it is true ;—but then the Lancet *never insinuates except where he dares not to assert*.

We have alluded to the want of dexterity displayed by the Lancet in getting up this “tragedy,” as it is called ; and we shall very briefly illustrate this. It is *insinuated*, that the incision was not made in the proper manner ; for, besides the words “*appeared*” and “*ap-*

parently,” in describing the first steps of the operation, we are told that the knife was “carried onwards—*somewhere*.” But although this expression, which is printed just as we have given it, distinctly implies that the knife had gone somewhere that it ought not to have gone, yet, in the very next sentence, it is stated that “a small quantity of fluid followed the withdrawal of the knife.” This *fluid*, of course, was urine ; had it been any thing else, such a triumph would not have been omitted ;—and we know of no *somewhere* except the bladder whence it could have come ; accordingly, on turning to the dissection, we find that “there was a tolerably fair lateral section of the prostate and neck of the bladder.” Here, then, the *insinuation* of the Lancet is in direct opposition to his *assertion*. Again, we are told that the whole of the cellular membrane about the pelvis, especially between the bladder and rectum, “*was easily lacerable* ;” the meaning of which is, that it admitted of being easily torn ;—had it been actually *lacerated*, it would no longer have been *lacerable*. Either, therefore, what the Lancet insinuates here also is false, or his own report is nonsense—and it is a matter of indifference which alternative he chooses to adopt.

We have particular reasons, altogether unconnected with the case itself, for declining at present to publish any report of our own, and have therefore limited ourselves to shewing some of the incongruities in that of the Lancet. But we shall go farther than this, and admit, for the sake of argument, that all he has said, and all he has insinuated, is true ; and then we appeal to every surgeon who has ever performed this operation—to every pupil who has witnessed it—to every one who knows the uncertainty of our art, and the difficulties which the most experienced occasionally meet with—and, lastly, to

every one, in or out of our profession, who possesses the common feelings of humanity, whether the manner in which this case has been reported, in two successive Numbers of the *Lancet*, does not evince a cold-blooded malignity which justifies the appellation of MORAL ASSASSIN, with which we have branded this writer, and which we again cast into his teeth.

The circumstances altogether forcibly remind us of his conduct towards the late Mr. Shaw,—a man whose singleness of character was eminently calculated to disarm hostility. One of that gentleman's first operations, after his appointment to the Middlesex Hospital, was for calculus in the bladder; and the patient died of hæmorrhage, from the division of the pudic artery, which had an unusual course, running right across the site of the incision. The case was published with all the embellishments necessary to give it eclat: the truth was withheld—the circumstances perverted. It was repeated again and again in every variety of form; and had the *Lancet* possessed the influence which it boasts of, Mr. Shaw would have been ruined; for so persevering was the enmity against him, that the last of these odious revilings did not appear till several days after his death: the dastard insulted him in his coffin.

Since Mr. Cooper's case, Mr. Lawrence has performed the operation of Lithotomy: there was rather profuse hæmorrhage at the time: this returned after a few days, and the patient sunk and died within a week. We attach no blame to Mr. Lawrence on this account—none whatever; but we mention it to show that “untoward circumstances” occur in the hands of those whom the *Lancet* itself acknowledges to be skilful, and asserts to be the very “head” of English surgeons. Yet we venture to say, either that this case will pass entirely unnoticed, or that if spoken of at all,

the tone will be very different from that which was lately adopted with regard to Mr. Shaw, and which is now adopted with regard to Mr. Cooper.

In the case which has more immediately called forth these remarks, there is another circumstance of peculiar aggravation; we allude to the manner in which it has been noticed in the public papers. This was not accidental, for it appeared the very morning of publication: it was a wilful aggravation of the injury, and a refinement of malice. The “*Times*,” indeed, has repaired the false step speedily and effectually: it has published a letter which well may make the *Lancet* tremble. The Editor has over-done his part, and his own weapon has recoiled upon himself. A public meeting, too, has been held by the pupils of the Borough schools, and a contradiction of the statement in the *Lancet*, transmitted to the *Morning Herald* and *Times*, bearing the signatures of above 150 students*; nor has the reporter escaped with impunity. Mr. Bransby Cooper has been received by his class in a manner which must be as gratifying to *his* feelings as it is creditable to *theirs*; evincing a generous sympathy for their teacher, and an honourable zeal in repelling unmerited slander. Of the gentleman whose character as a surgeon, and whose feelings as a man, have been so cruelly outraged, we shall only say that his opportunities of acquiring a perfect knowledge of his profession have been such as fall to the lot of but few, and that he possesses both the industry and talents to render them available to their fullest extent; while his openness of character, and his urbanity of manners, have obtained the general regard of all who know him, and have procured for him great and merited popularity among his pupils.

Mr. Bransby Cooper, a short time

* See page 552.

ago, publicly expressed his disapprobation of the principles of the Lancet; and this, we believe, to be the secret of the present attack: the spirit which pervades the whole is revenge.

We had hoped that our frequent exposures would have taught the Lancet some degree of caution—some little moderation in its mis-statements; but we now look upon it as a hopeless case: it would indeed appear

Quem Deus vult perdere prius dementit.

No dread of punishment restrains the passion to traduce—no shame of detected falsehood checks the tendency to lie.

ACTION AGAINST THE LANCET.

To the Editor of the London Medical Gazette.

SIR,

IN consequence of the foul misrepresentation of my late case of lithotomy, at Guy's Hospital, it had been my intention, originally, to transmit to you the details of that operation for your columns; but as I have since been strongly recommended by my friends to seek redress for this injury *elsewhere*, I forbear to anticipate any part of my own case, until the full particulars shall be made public in a court of justice.

I am, Sir,
Your obedient servant,
BRANSBY B. COOPER.

April 1st, 1828.

HOSPITAL REPORTS.

LA CHARITÉ.

Fatal attempt to cure an Artificial Anus through the Vagina, by cutting into the Cavity of the Abdomen, and uniting two portions of Intestine by suture.

Treated by M. Roux.

A WASHERWOMAN, 25 years of age, of good constitution, was confined about the end of January, after a very severe labour. The head of the child was retained a long time, and it was obliged

to be extracted with the forceps. During some days afterwards, the woman had no evacuations by stool, but she did not experience any symptoms consequent upon their retention. Ten days afterwards, fæcal matter, in a semifluid form, was passed by the vagina, and from this moment the patient continued to pass the fæces by this channel exclusively. In this state she was admitted into La Charité on the 29th January, twenty days after her delivery. This disgusting malady embittered her life to such a degree, that she continually implored to be relieved by an operation, however dangerous and painful that might be. The finger, introduced as high as the neck of the uterus, discovered behind, and towards the left side, an opening into which it could be insinuated. This corresponded with the point of union of the vagina with the neck of the uterus, the posterior lip of which appeared to be destroyed. An examination by means of the speculum, only confirmed the diagnostic established by means of the touch; the nature of the substance passed off by this passage: the height at which the orifice was situated, led to the belief that this was not a recto-vaginal fistula, but that it was a portion of the termination of the ileum that opened at this point. Several enemata were administered, and all were again returned by the anus, without a single drop flowing from the vagina.

An attempt was made to effect a cure by abstinence. For a long time, the patient's whole diet consisted only of two portions of rice broth in the 24 hours. The feculent matters were then furnished in smaller quantity, but still passed entirely as before; so that nothing was to be expected from the efforts of nature. The entreaties of the woman became every day more pressing, and M. Roux, anxious to relieve her if possible, first planned the following operation, namely, to seek for the fold of intestine which was perforated; to cut through it both above and below its adhesions; to draw out the two extremities; to fix them outwardly, and thus to substitute an artificial anus exteriorly, which he was afterwards to attempt to cure. But considering that this plan exposed the patient to the risk of a dangerous operation, with but little prospective benefit, M. Roux abandoned this idea, and

formed the design of bringing the two cut extremities of the gut into contact, and maintaining them there by sutures. This project being fixed upon, M. Roux, with the concurrence of his colleague, proceeded to perform the operation on Saturday the 1st of March, at nine o'clock in the morning, in the presence of a great number of spectators, attracted by the novelty of the operation. The appearance of the patient was favourable; her long abstinence had but little diminished her *embonpoint*; her constitution appeared sound; and she preserved her strength and the freshness of her complexion unchanged. She was placed on a bed; the surgeon stood upon her right side, and commenced his incision (three inches and a half long) on the median line, about two inches and a half below the umbilicus, extending to the same distance from the symphysis of the pubes; the skin and the *linea alba* were carefully divided down to the peritoneum; some small arterial branches were immediately secured. The greatest precaution now became necessary, to prevent any injury to the contents of the abdomen. The epiploon pushed forward by the intestines, was so immediately contiguous to the peritoneum, that the operator at first thought that they adhered: an attentive examination, however, proved that this was not the case. He raised the peritoneum up gently, and opened it with great precaution; he then passed in a grooved sound between this membrane and the viscera, and laid open the peritoneum to the extent of the external wound.

The cavity of the abdomen being thus opened, M. Roux passed two of his fingers deeply into the pelvis, to seek for the fold of intestine which formed the preternatural anus; he reached it: the index finger of his right hand placed in the vagina, met the corresponding finger of the left hand, which was in the abdomen, and touched it, through a thin partition. A portion of the intestine, continuous with that which opened in the vagina, was laid hold of close to this point; a ligature was passed across its mesentery, by means of a curved needle, in order more readily to draw it forth, and to retain it. The portion of the intestine which was supposed to be another part of the fold included in the disease was easily drawn out, without the assistance of a liga-

ture: this portion of intestine was cut across by means of a curved, button-pointed bistoury, cutting on its convex side. The portion of intestine supported by the ligature was then divided in the same manner. The intestine first cut contained some hard and rather solid *faecal* matter, which induced the belief that it was the lower end of the gut: the two ends of intestine which were intended to be put together, having been brought outwards, the mesentery was separated from them for an extent of some lines: some small vessels were cut in making this division of the mesentery, and one affording a jet of blood was secured by a ligature. The two portions of intestine were then placed together, and fixed by three points of suture, which were applied to the two ends, at a few lines distance from the point of division, making the ligature penetrate and pass out on the peritoneal side in such a manner, that the ligature being drawn tight, the two extremities of the gut were placed against each other by their serous surfaces. Of these three points of suture, two were applied upon the sides of the insertion of the mesentery, with the intestine; and the third at the point opposite to that insertion: the two ends of each ligature were cut close to the knot. The sutures being accomplished, the two ends of the gut were pushed back into the cavity, so that they only touched by their serous surfaces: the parts were then placed again in the abdomen, and the incision in its parietes closed by the twisted suture; straps of adhesive plaster, some pledgets, compresses, and bandage round the body, formed the whole of the dressing: the operation lasted one hour and a quarter, including the dressing.

A few hours afterwards, acute pains were felt in the abdomen: the sutures were obliged to be loosened: a bleeding from the arm was had recourse to, and ice was placed upon the belly. The pains continued: the slightest pressure was insupportable, and in the evening there were some mucous and bilious vomitings: (fomentations to the abdomen.) The day after the operation, the abdomen was very painful: the slightest pressure augmented the patient's sufferings: the thirst was extreme: the pulse very frequent and hard: (fifty leeches to the abdomen). In the course of the day the pains augmented; and she con-

tinued to get worse till 11 o'clock at night, when she expired, 38 hours after the operation.

Autopsy. — The peritoneum was scarcely more vascular than natural; at the lower part there was a little yellowish fluid. Some portions of the small intestines were covered with albuminous exudations; they, together with the stomach, were distended with gas: an attentive examination discovered the following particulars. The ileum, at six inches from the cæcal extremity, adhered to the point of junction of the posterior part of the uterus with the vagina; these adhesions were well organized, but not so solid as to resist rather strong efforts: it was this adhering portion of the intestine that formed the preternatural anus: the whole calibre of the intestine was not included in this destruction; it had only been pinched, as it were, in one half of its circumference: the continuity of the intestinal fold was not interrupted at its concave or mesenteric edge: the inferior end was pushed into the preternatural anus, and formed a conical projection in the vagina, about an inch in elevation.

The small intestine had been incised about two inches above its adhesion; but the operator was mistaken in supposing that he had cut it between the point of adhesion and the cæcum. This portion of intestinal canal was untouched; but the iliac portion of the colon had been cut, not far from the rectum, and the ileum had been fixed to the superior end of the sigmoid flexure of the colon. Two portions of intestine opened into the cavity of the abdomen; the rectum, or the inferior portion of the colon on one part, and on the other the ileum, in the place where it had been cut, at a small distance from the preternatural anus. A mass of faecal matter, about the size of a small nut, was interposed between the extremities of the intestine that were brought together. The yellow liquids found in the depending part of the abdomen, came, without doubt, partly from the superior end. The two ends of the gut which had been brought together, had already contracted some partial adhesions.

Much discussion has arisen in Paris, as to the propriety of the above operation: some have praised it, but the great majority have condemned it, regarding it as unjustifiable to expose a patient to the

chances of so formidable an operation, to remedy merely an infirmity. If ever such an operation should be again attempted, it will be proper to guard against the mistake into which M. Roux fell. If the patient had not died from the immediate effects of the operation: if the two ends of the intestinal canal placed together had united; the fæces must have undergone a retrograde movement; they must have traversed the colon inversely to their ordinary course; stopped by the ilio-cæcal valve, they must have flowed back again, and if they had overcome that barrier, they must have passed out at the ilio-vaginal opening.

It is probable that the patient would soon have perished in consequence of this operation, even if the immediate object of effecting a perfect union between the portions of intestine fixed together by suture had been accomplished. We record the case not as one to be imitated, but shunned; and as a most unwarrantable attempt on the part of the surgeon, who appears to have set the desperate chance—the bare possibility of success, and consequent renown to himself, against the almost incalculable hazard to his patient.

ST. BARTHOLOMEW'S HOSPITAL.

Purpura Hæmorrhagica.

Treated by Dr. Latham.

FEB. 12, 1828.—JOHN DAVIES, æt. 37. —A linen-draper's shopman: every part of the body sprinkled over with purpurous spots, from the size of a flea-bite to that of a silver-sixpence, and all of a livid colour. In the larger spots the livid colour is deepest at the centre, and fades towards the circumference. There are, besides, several larger patches upon the extremities, of a dusky hue, as if from a bruise. The gums livid and spongy, and blood oozing from their margins in contact with the teeth. The whole tongue livid, and one half presenting the appearance of a large black bleeding fungus, shooting from its surface, and the other half the same appearance in circumscribed spots; on the inner surface of each cheek several black fungoid patches. The soft palate clotted with black spots; countenance sallow; conjunctiva rather tinged with bile; and having a small echymosis at the inner angle of each eye. His mouth is per-

petually filling with small quantities of blood. Blood, and nothing but blood, has past at each evacuation of his bowels (six in number) during the last 24 hours, amounting in all to half a chamberpotful. He is not aware of having brought up any blood either by coughing or vomiting: says, that his urine is free from blood, but high-coloured; such, however, as he has often made when he has had a cold. He feels a consciousness of strength, and a great appetite for food; greater than in health. There is a fetid smell about him. Pulse 120, rather small, but hard: much general anxiety.

Early in the month of December last he contracted a cough, and slight fever, from exposure to cold. His complaint, however, was not such as to require him to desist from his business a single day; and in the course of a month he was quite well. About a week afterwards, (a month ago) still continuing well, he went a few miles out of town, on the outside of a stage-coach; whereupon his feverishness and cough returned, with a little hoarseness. These symptoms became gradually worse: they did not, however, require him to desist from business. Ten days ago he found blood always mixed with his saliva, and at the same time an eruption of little black spots about his neck, and upon his arms.

At this time he applied to the hospital for advice, and saw Dr. Latham, who urged his immediate admission, and that he should be instantly bled. He went home, and was bled by an apothecary, but did not think himself ill enough to become an in-patient, and therefore did not return. He describes the bleeding to have given relief to his general sensations, but can give no account of the appearance of the blood. He now restricted his diet to water-gruel and milk, taking no medicine. But the spots continued to come out; and what was at first a mere black speck upon the tongue has now assumed the appearance of a large bleeding fungus, occupying one half of its surface.

V. Sect. ad 3xv.

The blood was taken in three separate tea-cups: after the first quantity was drawn, he felt a little faint, and his pulse faltered. The finger was put upon the orifice, and he was allowed to lie down. The blood, immediately upon

being taken, began to exhibit a buffy surface. In five minutes the faintness went off, and his pulse recovered its force. The blood was allowed to flow afresh; and after two more teacupsful were taken, his pulse again faltered, and he suddenly fainted away. In recovering, he struggled and coughed a good deal, in consequence of blood having past down from the mouth and irritated the larynx. Five minutes afterwards he felt quite restored, and had the same consciousness of strength, and a great desire to eat. The pulse had lost its hardness.

Of the two last portions of blood, the first drawn began to exhibit the buffy coat immediately; the other shewed no marks of it after the lapse of half an hour. No medicine was ordered for him to-day: his diet was restricted to the thinnest gruel.

Feb. 13.—Much less apparent anxiety: much less oozing of blood into the mouth during the last 24 hours. No obvious change in the appearance of the purpurous spots. Pulse 120, and *simply feeble*, not irritable. Has had three evacuations from the bowels this morning; the first of pure blood, the two last of foul secretion and blood. Has not made altogether more than a teacupful of urine, and that at the times of stool: its quality, therefore, is unknown. The blood drawn yesterday has this peculiarity, that it is firm and coagulated, without having expressed the smallest quantity of serum. The coagulum completely fills each cup. In the two first cups it is buffed an inch deep from the surface.

Calomel gr. ij. statim, et gr. ij. horâ somni.

Feb. 14.—Yesterday, two hours after taking the first dose of calomel, he had an evacuation from the bowels, which consists rather of black morbid secretion than of blood. The second dose was immediately rejected by vomiting. Has had four evacuations from the bowels this morning: the first is one half of blood, the second black and pul-taceous *without blood*, the last of a mere brown liquid *without blood*. None of them, however, have the least smell of fæces. Has made three pints of urine since yesterday, which is transparent and straw-coloured. Feels better in his general sensations. The oozing of blood from the gums *very much* diminished. The purpurous spots evidently fading in

their colour. The tongue and cheeks losing their fungoid appearance; the black echymosed patches being no longer elevated above the surface. Pulse 100, with less feebleness.

Hydr. c. Cretâ gr. ijss. 6tâ quâque horâ.

Feb. 15.—Had several small evacuations from the bowels during the evening of yesterday; all dark, containing a little bile, of some consistence, and *without blood*. One stool this morning, dark-coloured, bilious and watery, but free from blood. No blood whatever oozing from the mouth. Tongue covered with a moist white fur, and no mark remaining either upon it or the cheek to indicate where the fungoid patches were. Gums swelled, and red at their margins, as if from the effect of mercury. (Two grains of Calomel and seven of Hydr. c. Creta, are all the mercury which has been taken.) Upper lip swelled, and a vesicular (Herpetic) eruption spreading upon it towards the nose. The soft palate, where it was dotted with black spots, is now traversed by innumerable red blood-vessels, quite distinct. Purpurous spots upon the body every where fading more manifestly. Pulse 100, and improving in strength: sallowness of complexion gone: face a little flushed.

Omit. Hydr. c. Cret.

Ol. Ricini 3ij. statim.

Feb. 16.—Two scanty stools, procured by castor oil yesterday, which contained some fæculent scybala; several watery bilious stools this morning, containing a small quantity of bloody mucus. Lip and gums less swelled. Pulse 92, and strong.

Ol. Ricini 3ij statim.

Feb. 18.—Stools loose, and quite fæculent: spots upon the skin have nearly disappeared: no visible vestige of the disease within the mouth: tongue moist, and covered with a thin white secretion. His cheeks are a little flushed, and his only feeling different from natural, is that of heat about the face.

Haust. Efferv.

Feb. 25.—No remaining trace of the purpurous spots, except on the thighs and breast, where they have the appearance of small copper-coloured stains: bowels costive: pulse a little hard: apt to be hot and perspire.

Inf. Rosæ c. Magn. Sulph. 3j. ter die.

From this time he continued to im-

prove. For the sake of watching him during his convalescence, he was allowed to remain in the hospital until the 17th of March. In the meanwhile, the frequent use of active purgatives, and a rigid restriction to low diet, were necessary, to obviate costiveness and keep down the circulation, which had a tendency to become over-active.

Fatal Case of Lithotomy.

Treated by Mr. Lawrence.

THE patient whom we mentioned last week to have been operated on by Mr. Lawrence, died on Sunday. He was going on apparently well: he had begun to pass urine through the urethra, and the wound had a favourable aspect, when, on Saturday night, it was discovered that he was bleeding. The house-surgeon being sent for, removed a quantity of coagula from the wound and from the bladder, and succeeded, by pressure, in stopping the hæmorrhage; but, in spite of all attempts to support him, he gradually sunk, and died the next morning. His body was removed by his friends before any examination could take place.

The quantity of blood lost was not very considerable, scarcely enough, we should have thought, to have destroyed the patient; but it appears that he had an impression that the operation would be fatal to him, and most probably this unfortunate bleeding tending to confirm his fears, was more than sufficient to produce the effect he so much dreaded; for it is but too well known to operative surgeons, that the existence of this impression on the mind of a patient has often been sufficient, by some unaccountable process, to give reality to what was, apparently, but the superstitious forebodings of a weak, and, perhaps, diseased intellect.

Removal of a Tumor from the Axilla.

On Saturday Mr. Lawrence removed a tumor from the axilla of a middle-aged man, who, about six months ago, had his left hand cut off for a cancerous affection of the skin on his thumb and the neighbourhood. The gland was at that time enlarged and hardened, but it has since very much increased, and put on a more malignant character. At the time of the operation it was about as large as a hen's egg, and the skin over it red and painful: at the centre it seemed disposed to burst. The man's health

was good, and there were no other swellings to be seen about him, except a number of warty excrescences on his skin. The operation was exceedingly difficult, for the tumor required very nice and careful dissection from the sheath of the axillary artery, to which it was attached, and this Mr. Lawrence succeeded in accomplishing perfectly, and the man is at present going on well.

ST. GEORGE'S HOSPITAL.

Cases of acute Rheumatism.

Treated by Dr. Chambers.

HENRY BIRD, æt. 18, racing-groom, from Bury St. Edmund's, admitted Feb. 25. Complains of severe pains and diffused swellings of hands, wrists, fore-arms, and shoulders; has pain also in the back and loins, aggravated by warmth. Pulse 84, full and hard; strong action of heart; tongue much furred; skin dry and hot; bowels open from medicine; urine free; no appetite, much thirst. He has been ill a fortnight: was first attacked in the feet, ankles, legs, and knees, and afterwards in the hands and arms. Has taken opening medicines with some relief.

Fiat V. S. ad 3xii.

Calomel. ʒss. Opii gr. ij. omni nocte.

H. Sennæ omni mane. Fever diet.

Feb. 27.—Much relieved.

Calom. gr. v.

Opii gr. iss. omni nocte.

Rep. Haust. Sennæ omni mane.

29.—No pains, swelling, or fever; tongue clean, bowels open. No soreness of mouth from mercury.

Opii gr. i. omni nocte.

H. Sennæ omni mane. Milk diet.

March 3.—Rep. Med. Middle diet.

7.—Quite well.

The following was a much severer case than the last, and attended with distinct symptoms of pericarditis.

WILLIAM POPE, æt. 23, footman, from Putney, admitted Feb. 20, with acute rheumatism of the fibrous structures about the hands, wrists, and fore-arms, shifting its seat frequently from one part to another; profuse acid perspirations, without relief. Pulse 120, full; palpitation of the heart, with pain in its region, much aggravated by motion or any excitement; skin hot, al-

though covered with perspiration; tongue furred, bowels open, urine high coloured and scanty. He has had slight pains in various parts for a fortnight, and has been laid up with swellings and fever for a week.

Fiat V. S. ad 3xij.

Calom. ʒss. Opii gr. ij. omni nocte.

Haust. Sennæ omni mane. Fever diet.

22.—Still complains of pain in region of heart, with a troublesome palpitation; otherwise the same.

Rep. V. S. ad 3xii. Perstet.

25.—Mouth slightly sore; pains and swelling diminished, but not removed; tongue cleaner, pulse full, skin hot and moist.

Calom. gr. vi. Opii gr. ii. omni nocte.

Opii gr. i. meridie quotidie.

H. Sennæ c. Tinct. Jalapæ omni mane.

27.—Pains much better; mouth more affected.

Opii gr. ij. omni nocte.

Opii gr. i. meridie.

Rep. Haust.

29.—A return of palpitation, and pain in left side; pulse 100, full and soft; skin hot and moist; bowels open.

Fiat V. S. ad 3xiv.

Opii gr. j. bis diē.

Haust. Sennæ omni mane.

Haust. Salin. c. Liqueur. Antimonii Tartarisati ℥xxx. sextâ quâque horâ.

March 3.—Empl. Cantharidis regioni cordis.

5.—No complaint except debility.

ST. THOMAS'S HOSPITAL.

Case of Tetanus, with the appearances Post Mortem.

Treated by Mr. Travers.

A BOY, æt. 15, admitted under Mr. Travers on the 13th ult., having both his thumbs considerably lacerated by the explosion of about 4 ounces of gunpowder, contained in a canister, which, at the time of the accident, he was holding in his hands. It was thought advisable to attempt saving the thumbs, and the parts being brought together, were lightly dressed. The surfaces of the wounds, however, on removing the dressing, had a sloughy, unhealthy aspect, and a poultice was, on the 19th, ordered. Up to this time, his general health did not appear to have suffered. He was far from being robust when ad-

mitted, being, indeed, rather of a spare habit; but there did not arise, till this date, any particular constitutional disturbance sufficient to attract attention; but about 5 o'clock P. M. on this day, he complained of some stiffness and soreness about the throat, so much so as to prevent him, in a great measure, taking his tea, (it being when attempting to take that meal he complained first of the inconvenience). No further notice was, however, taken by the nurse of the circumstance, and he enjoyed a tolerable night's rest; but on waking in the morning, the symptom was found to be increased, and at 9 o'clock A. M. (20th) he was seized with spasmodic twitching of the muscles, increasing in severity at every attack, and shortly producing severe opisthotonos; at the same time, the muscles of the throat, and others moving the jaw, became more firmly contracted—and, indeed, trismus was produced. He was perfectly sensible; said he suffered *no pain*, except in the throat; had none in the head; pulse was quick, and rather sharp. A common enema was injected, and afterwards, one containing half an ounce of turpentine. No relief was, however, procured; the disease, indeed, hourly increased in violence; the spasms returned more frequently, and were of greater force;—once he was thrown completely from the bed erect upon his feet, and continued in that position several seconds, when he as suddenly fell down again. He continued sensible, but complained of no pain. His attendants were preparing to administer a tobacco clyster, when, at 8 o'clock in the evening, only 12 hours after the first paroxysm, he died.

*Sectio Cadaveris, forty hours after death**.—On removing the calvarium, the dura mater was found rather more than usually vascular, some serous effusion under the arachnoid, and a slightly increased vascularity of the pia mater. The cineritious portion of the cerebrum decidedly more vascular than usual, particularly on the right side; the cortical substance presented but few bloody points. The plexus choroides in the right ventricle (which contained some serous effusion) was loaded with blood. The thalamus on that side also

rather vascular. Left ventricle healthy. The cellular tissue, and fat under the vertebral arches, decidedly more than usually vascular; the appearance not being removed by frequent ablutions. Dura mater rather vascular. A considerable quantity of limpid fluid escaped on opening the arachnoid membrane. The immediate covering of the cord very vascular. The cord itself was pretty firm; indeed it was thought rather more so than usual, and but slightly vascular. No ossific patches on the membranes.

The lungs gorged with *florid* blood. Mucous membrane of larynx, and bronchial ramifications, more vascular than usual. Sympathetic nerve, and its ganglia in the thorax, vascular.

Nothing remarkable in the abdomen, except the kidneys being completely engorged with black blood, and the bladder excessively contracted. It was ascertained that during several of the later paroxysms, his urine was forcibly ejected.

REMARKS.—It can scarcely now be affirmed that no appearances are detected in tetanus post mortem, on which a rational view of its pathology may be founded. An attentive examination of unfortunate cases in the so-called *nervous affections*, (a term which, however applicable it, in reality, may be in this and some few other diseases, has been employed without conveying any precise meaning, and more as a cloak for our ignorance,) has, and no doubt will further, frequently detect organic lesions, sufficiently accounting for the production of the phenomena observed during life. Numerous cases of tetanus are now on record, some of which have occurred in this country, (one, not long since, at St. Thomas's Hospital, recorded in *Medico-Chirurgical Review*, vol. vi.) in which the usual appearances of inflammation have been observed in one or other part of the nervous system.

Mr. Swan and M. Andral, jun. have directed attention to the sympathetic nerve, the ganglia of which have always, by them, been found inflamed. Their cases also furnish evidence of inflammation in the spinal canal. The latter has, indeed, been so frequently observed as to forcibly draw our attention. In the case under Mr. Tyrrel, above alluded to, considerable effusion into, and a turgid condition of, the spinal envelopes, were found; but an

* For several hours after death, the body was placed on the back, but since then has been on the face. We think it right to mention this before giving an account of the morbid appearances, particularly in the spinal canal.

objection has been urged that this may be a post mortem production—may have arisen from the fluids gravitating. In the case, however, now before us, this was obviated by placing the body on the face; and yet it will be seen that undoubted traces of inflammation within the spinal canal remained.

The whole cineritious part of the brain, with the right plexus choroides and thalamus, were also vascular, and the sympathetic, in the thorax, corresponded with the observations of Swan. Thus, then, we appear to have abundant evidence that inflammation of some one or other part of the nervous system, but particularly the spinal envelopes and the sympathetic ganglia, coexist with tetanus; and the character of the phenomena during life, warrants us in referring them to nervous excitement. So far, ante and post mortem observations of *facts* agree. To what other conclusion, then, can we arrive, than that, in all probability, they exist as cause and effect; and if this is admitted, what mystery remains? Simply this—that the morbid appearances observed in *these* cases have been traced in *others, where tetanus has not existed*. Admit this as a fact, what does it prove? merely what every day's experience verifies, that by peculiarities of constitution, or "*idiosyncracies*," as we are accustomed to designate them, the same cause may be so modified in its operation as to produce various effects; and thus we again arrive at the conclusion, that an inflammation of certain parts of the nervous system *may*—and facts incline us to say, *does* produce tetanus. There was one remarkable appearance in this and another case of tetanus we have examined after death, (and in two cases of hydrophobia, which we have dissected, as well as in one or two seen by our friends, the same was observed,) which has not, we believe, been hitherto noticed: we allude to the florid appearance of the lungs;—it is remarkable, we never remember having seen it in any other disease;—it would appear that the blood is more than usually oxidized. If so, what would be the effect in conjunction with bleeding, local and general, which the first view of the subject would indicate, and which has indeed been employed with success, of inhaling, *to a certain extent*, carbonic acid gas?

S.

EXTRACTS FROM JOURNALS, *Foreign and Domestic.*

REMOVAL OF AN IMPERFECTLY DEVELOPED SUBSTANCE FROM THE URINARY BLADDER.

A woman during her second pregnancy was seized with violent pains in the region of the bladder, with frequent inclination to make water. The urine presented a purulent appearance, and was mixed with hair, some portion of which was covered with a saline concretion. After her delivery she still continued to suffer much pain, which was relieved by the dexterity of her husband, who introduced a blunt hook into the bladder, and extracted a considerable quantity of hair. M. Delpech afterwards removed a small calculus with the forceps. The patient remained well for about two months. Upon the recurrence of the pain and other symptoms the bladder was again examined, and a substance about the size of a hen's egg was removed, to which several hairs were attached. It was partially covered with skin: some portion of it, which was ossified, resembled the zygomatic process, having an alveolar process with a small molar tooth implanted in it. No part of the mass presented any appearance of putrefaction.—*Archiv General*.

CASE OF PERIODICAL CONTRACTION OF THE INFERIOR EXTREMITIES, AFTER SUDDEN SUPPRESSION OF THE MENSES.

A stout young country girl, in the enjoyment of perfect health, was pursued by a dog, which she believed to be mad. She was dreadfully alarmed, and the menstrual discharge, which was going on naturally at the time, immediately ceased. She was occasionally bled, and had leeches applied to the vulva: warm stimulating baths were employed, and emenagogues administered; but no return of the menses took place. About four months afterwards she complained of a creeping sensation in the legs, and occasional spasms. In a short time these symptoms were succeeded by powerful contractions of the legs: the heels were bent upon the thighs, and any attempt to extend the legs produced violent pain. In a few days this contraction relaxed, but the limbs remained

very feeble. In about a month after the legs were again contracted in the same manner, and remained so for the same period of time as before. After this attack the patient walked with difficulty, and with an unsteady gait: in other respects she presented every appearance of health. It was presumed by M. Tallot, that the symptoms depended upon some affection of the spinal marrow or its membranes, and thirty leeches were applied on each side of the spine, from the lumbar region to the *os coccyx*. In three days, however, the contraction of the legs returned; but the heels were not pressed so firmly against the thighs. Local bleeding was again had recourse to, and the contraction of the extremities did not return. She occasionally was seized with violent spasms of the legs: warm fomentations were frequently applied to the vagina, and ten months after the fright she had experienced, the menses appeared in small quantity, with considerable pain. At the next menstrual period the discharge was more abundant. She afterwards continued to menstruate regularly, and has since enjoyed perfect health.—*Journal Complementary, &c.*

OBSTINATE HICCOUGH CURED BY THE ACTUAL CAUTERY.

A WOMAN, 32 years of age, of a very susceptible habit of body, and weak in health, who had menstruated irregularly, and suffered much mental anxiety, was suddenly attacked with violent and repeated hiccoughs. They usually ceased towards bed-time, but were always increased in violence if the patient attempted to perform any active duty. At the time she presented herself to M. Dupuytren, the paroxysms of hiccup were extremely violent. He determined to employ “*les toniques les plus énergiques,*” and the actual cautery was selected as that best adapted to procure relief. A red-hot iron, of an oval form, about an inch in diameter, was applied opposite the xiphoid cartilage, until the part was reddened. The skin only was destroyed; and, after several applications, the hiccups were permanently cured. About ten years ago, M. Dupuytren treated a similar case in the same manner, with equal success.—*Ibid.*

ACTION OF THE UTERUS FROM SYMPATHY.

DR. PICHON lately attended a young woman during her first labour, which was unusually tedious and severe. Her mother, 48 years of age, who attended as the nurse, was much affected at the sufferings of the patient: she soon experienced sensations resembling uterine action, and, four or five hours after the labour, she perceived a sanguineous discharge from the vagina, which continued for several days, with occasional interruptions. She had not menstruated before for eight years. On the third day from the first appearance of the discharge, the breasts swelled, and became painful to the touch. A kind of milky fluid escaped from the nipples for five or six days; the uterine hæmorrhage then disappeared, the breasts assumed their natural state, and the lady subsequently experienced no inconvenience. Dr. Paillard has recently related a similar case to the Society of Practical Medicine at Paris.

CASE OF RUPTURE OF THE STOMACH, BY PROFESSOR BUSCH.

MADAME F., 23 years of age, of a very delicate constitution, had suffered from various diseases, and frequently complained of great pain in the abdomen. Her first labour was rather difficult, and the application of the forceps was necessary. She was afterwards attacked with peritonitis, from which she recovered by appropriate treatment. No danger was now apprehended. During a tranquil and deep sleep her attendants heard a sudden crack, resembling the bursting of a distended bladder. The patient awoke, screaming violently, and with the utmost distress depicted in her countenance. She felt assured that rupture of some internal part had taken place. Nausea and vomiting quickly succeeded. She threw up a quantity of matter, which had the appearance of bile mixed with blood. Her restlessness increased: the belly was very painful, and much distended. In about 48 hours she died, all the symptoms of distress having previously disappeared. Upon examination of the body evident traces of inflammation were found throughout the intestines. The external organs of generation were œdematous. The uterus was healthy. The

stomach was empty, and ruptured throughout, nearly its whole extent. The cavity of the abdomen contained a quantity of a yellow, and very acrid fluid. The hand and arm of the surgeon were subsequently much inflamed, and in some parts ulcerated, by handling the parts. From the symptoms under which this patient had long laboured, it was presumed that some disease of the stomach had been going on for a considerable time.--*Journal für Geburtshülfe.*

APPLICATION OF CIRCULAR LIGATURES IN VARIOUS MALADIES.

DR. BOURGERY, after having investigated the various modes in which ligatures were formerly applied round the limbs for the relief of different maladies, and commented upon the effects thus produced from the obstruction to the arterial or venous circulation, relates eight cases of different diseases; intermittent fevers, convulsive asthma, apoplexy, hysteria, epistaxis, and hemoptysis, which were cured by this means.

He concludes, from his experiments:

1st. That circular ligatures, applied at the commencement of the paroxysm of intermittent fevers, will cure the disease.

2d. In attacks of dyspnoea, the consequence of chronic affection of the lungs, they produce very great relief.

3d. In cases of apoplectic tendency, when a return of the attack is to be feared, they are very useful auxiliaries.

4th. In deliquium animi, occasioned by plethora of the heart, the application of ligatures round the extremities quickly re-establishes the circulation of the blood.

5th. In every case of internal hæmorrhage, not arising from the rupture of a large vessel, they may be applied with decided advantage.

6th. In periodic head-ache, cerebral congestions, arising from mental labour, or in oppressions of the chest, from the influence of a humid atmosphere, their use will be very serviceable.

7th. Lastly—All the advantages which the treatment referred to is capable of producing, have not been ascertained. The application of the ligatures is simple, and with very few exceptions perfectly safe. Practitioners are intreated to pursue the inquiries which have been already made upon a subject which promises to be of such frequent advantage.—*Journal des Progrès.*

PORTFOLIO.

The biographical notice of Sir George Baker, in the *Gold-headed Cane*, contains the Latin inscription, written by him, on Mrs. Vanbutchel; who, as our readers may remember, was *preserved* by Dr. William Hunter. We published this some time ago, but our copy it seems was an imperfect one, as, in the work above-mentioned, it is given with some slight additions and alterations; which, however, are not very material. We are enabled, through the kindness of a correspondent, to give a faithful translation of this curious specimen of classical pleasantry, sent to Sir George Baker by an unknown hand.

Here, covered not by earth or stone,
Lies John Vanbutchel's wife alone!
His pleasure, joy, and sole desire,
Quite uncorrupted and entire!
Who was preserved by Hunter's art,
When death had shot his fatal dart.
Behold her now, 'gainst nature's will,
With face so fair and blooming still!
O, husband blest! who in one house
Can still retain your charming spouse!
Can speak to, kiss, and with her toy,
And sleep close by, if such your joy!
Who now exists—not as you see
The fates would choose to have her be,
But what's more wondrous, is much sweeter,
More perfect too in limb and feature!
More firm her flesh, more full of juice,
And fitter for domestic use!
O, fortunate and envied Van!
To keep a wife beyond life's span!
Whom you can ne'er have cause to blame,
Is ever constant, and the same;
Who qualities most rare inherits,
A wife that's dumb! yet full of spirits.

METHOD OF CHOOSING A DOCTOR.

THE Pope having occasion to choose a doctor, put this simple question to the candidates successively:—"How many have you killed?" One after another declared he had never killed any; till an old, shrewd-looking fellow, being asked the question, replied, "Tot quot," grasping his beard with both hands. This confession made him the Pope's physician.

MAKING AN M.D.

IN an account given of the examinations for M.D. at Edinburgh by Furet, it is said, "On fit la question suivante, 'Qu'est ce que créer?'—'C'est faire quelque chose de rien,' répondit le récipiendaire. Le Docteur Hope lui répliqua sur-le-champ, 'En conséquence nous te créons Docteur.'"

MIS-STATEMENTS OF THE LANCET.

To the Editor of the Morning Herald.

SIR,

WE, the undersigned Dressers and Pupils of the Borough Hospitals, have observed, with mixed feelings of surprise and regret, that in your paper of Saturday last, among the various channels of information which in your official capacity as Editor you deem it your duty to explore, you should have selected from the *Lancet* of the same date, what purposes to be a report of an operation recently performed at Guy's Hospital:—of surprise, on the one hand, that you had no misgivings as to the truth and accuracy of the publication, no suspicion of the quarter from which your information was derived; and of regret, on the other, that, presuming guilt on such evidence, you should have given a temporary sanction and stability to the statement by inserting it in your highly respectable Journal.

But, Sir, as you did not stop to ask "are these things so?" before giving them publicity, we at least expect that, in the impartial exercise of your censorship, you will readily repair the mischief your instrumentality has caused, by setting forth in those columns which contained the charge, the following unanimous and unequivocal contradiction.

Indeed we should be extremely forgetful of the advantages secured to us by this Institution, and but ill requite the kindness we have uniformly received, were we to "spare to speak" at this moment, when the character of one of its officers has been so foully and falsely assailed. Hence we feel we are called upon, in an especial manner, to justify the conduct of that individual; to testify to his qualifications as a teacher, to his superior skill as an operating surgeon, and to his worth and integrity as a man. We therefore formally protest against the defamatory calumnies which have been noised abroad, and avowedly declare that the report of the case, as given in the *Lancet*, is altogether amplified and exaggerated; that there is every distortion of facts, and insertion of what are not facts, to bring the operator into contempt, and to sully his fair character. But, as it would occupy too much space in your valuable columns to *dissect out* and falsify each assertion, we shall content ourselves with affirming that the protracted time of the operation was attributable to the unusual and extraordinary difficulties which presented themselves; that these difficulties were met and overcome by the operator with coolness; and that he neither used any expressions but those called for by the exigencies of the case, nor spoke in the unguarded manner which has been so maliciously, but ridiculously, imputed to him; and that the last assertion—viz. of the patient being kept upon the table bound whilst the operator was explaining—

is only one of the many falsehoods that have been so industriously circulated against him.

We have been thus brief in our contradiction of the statements, or rather the mis-statements, of the *Lancet*, because it is notoriously admitted as a fact among the reputable part of the profession, that to quote from the *Lancet* is at all times a ground for doubting the truth of such quotation. Besides, the spirit with which the report is written plainly disproves the sincerity of the production—*mole ruit sud.* And lest, with those to whom the *Lancet* is only known through your pages, its mis-statements pass for truths, we refer them to No. 16 of the *Medical Gazette* for the character of that man whom a kind of epidemic madness of the times has raised to notoriety.

But what we have said will suffice to show, that although the best among us cannot escape with impunity, there will always be found those who are ready, *humble* as their efforts may prove, to expose such personal hostility, and to show the public that his attacks have the least effect where they are intended to do the most injury.

* * Signed by upwards of 150 Dressers and Pupils.

EXCLUSION OF MR. LAMBERT FROM ST. THOMAS'S HOSPITAL.

St. Thomas's Hospital, April 2, 1828.

IT being understood that Mr. James Lambert is employed by the Editor of a Journal called "The *Lancet*," to report cases occurring at St Thomas's and Guy's Hospitals, and a most unprofessional and indecent report of a case of lithotomy at Guy's Hospital having appeared in the last number of the *Lancet*, the Surgeons of this Hospital hereby convey to Mr. James Lambert their *determination* to withhold from him the courtesy usually shewn to Pupils in permitting their attendance after the expiration of their term, and desire that he will *discontinue* his attendance from this date. (Signed) BENJ. TRAVERS.

JOSEPH HENRY GREEN.

FREDERICK TYRRELL.

[We presume that a similar step will be had recourse to at the other Hospitals, but more particularly at Guy's.—ED.]

NOTICES.

We have received several letters from Gentlemen attending the Borough Hospitals, on the subject of the recent outrage on Mr. B. Cooper. We are restrained, by motives of *prudence*, from publishing them; but they will perceive that we have not been backward in expressing our opinion on this occasion.

ERRATA.

Page 490, for "team with life," read "teem with life."

Page 508, for "follow in the wane," read "follow in the wake."

Page 515, for "side of the rupture," read "side of the raphe."

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[Vol. I.

LECTURES

ON THE

NERVOUS SYSTEM,

Delivered at the College of Surgeons,

BY MR. CHARLES BELL.

Mr. President and Gentlemen,—You perceive by the preparations and drawings around me the subject of the lecture. I have deferred to the very last my observations on the Nervous system, and I would still defer them, if I thought I were prepared with another subject as well suited to fix your attention. If I enter upon it unwillingly, it is not so much from the conduct of those who have opposed my particular views, as from the overpowering recollections of him from whom I have received the chief assistance, and who is in my mind associated with every step of this inquiry:—lost to my affections, and to the profession, a painful blank is presented in performing this task.

We enter upon a subject the most difficult of all anatomy. The nerves have been called the vital solids, as it is on them, in an especial manner, that the chief endowments of life are bestowed. Through them, we are prepared to comprehend the phenomena of a living body, and are enabled to observe and arrange the symptoms of disease: it is therefore by far the highest department of anatomy, and on that account well suited to the audience which I have now the honour of addressing.

The nerves themselves inform us of nothing: it is not yet determined if they be sources of power: but by observing their relations, and their course through the different parts of the body, we ar-

rive at the most curious and important conclusions.

When the nerves are minutely dissected, they present an extraordinary degree of intricacy, which may excuse some in saying that the study of them can lead to no useful result. The discovery of new branches of nerves, or of new ganglions, have tended only to involve the subject in deeper obscurity, and to repel inquiry in the last fifty years. Diligence finds its reward in the enthusiasm that springs out of it. There was a pupil in Windmill Street, a German physician, who dissected the nerves with extraordinary perseverance, so that when the body was lifted out of the spirits in which it was preserved, it presented a complete tissue, or net-work of nerves all over it. Different individuals form different anticipations of their employment in a future life. Painters have assigned us our places and occupation, surrounded with clouds and sun-beams: but this gentleman's notions of the pleasures of a future state were, that he might prosecute these nerves to still greater minuteness, and know their origins and terminations.

If you contemplate a body that has been thus preserved in spirits for three months, and dissected morning, noon, and night, the tissue of nerves which is displayed appears in inextricable confusion. It is difficult to conceive that there is design and system here: look even to this drawing, or to these preparations, and you see threads of nerves passing in all directions—some part of the body receiving one nerve, another two; some three, or even more: you see little ganglions seated in different parts, as if it were by chance; and nerves diverging from them or seeming

to terminate in them, and the whole is in apparent confusion. But when you dissect a second body, and perhaps a third; and when your curiosity leads you to inquire whether a certain part is supplied with one, two, or three nerves in all the bodies, or whether the same little ganglion lodges in the same recess, and receives the same branches in the first and in the second and the third, and you discover that the nerves correspond exactly in every body,—that there is no such thing as a nerve deviating, or being wanting, unless through the hurry or awkwardness of dissection, you are constrained to believe that the confusion is in our heads, and that there must reign a symmetry and a systematic arrangement in the distribution of the nerves. Now the desire to find the clue to this labyrinth naturally arises. The origin and distribution of each nerve must surely explain its function and use: therefore the relations of the nerves must be like a language: and how happy should we be to find a key that made the characters of this language intelligible!

The history of this subject does not assist us much: one prevailing error has misled all who have entered upon it. From the time of Herophilus and Erasistratus, the ancient physicians had the notion that the brain presided over the animal system, by the mediation of the spinal marrow and the nerves which are produced from it, and distributed to the body. From the time of Galen, they knew that by cutting or tying a nerve, or in any way intercepting the communication with the brain, the parts to which it belonged were immediately deprived of sense and motion. What Dr. Martin (in the *Edinburgh Essays*) calls “the prettiest instance,” was their experiment of tying the arteries by the side of the windpipe, and immediately striking the animal dumb. Galen, who laboured at this matter more than any of his predecessors, proved that it was not tying the vessels, but the recurrent nerves; which, by depriving the glottis of power, destroyed the voice.

The operators, in those days, appear to have had that boldness which characterises ignorance. A scrofulous boy, falling into the hands of an ignorant surgeon, had a tumor extirpated from the neck, and the recurrent nerve at the same time cut, by which he lost

half the strength of his voice;—and it is added that he escaped better than another boy, who, in a similar operation, had both the recurrences cut, and was left quite dumb.

However, such were the occurrences and experiments which confirmed the notion that all power emanated from the brain. The prevalence of the same opinions has been a natural consequence of looking on the subject exactly in the same aspect. Every treatise begins formally with the enumeration of the parts of the nervous system; as the brain, the spinal marrow, the nerves, &c. thinking that, by such an enumeration, an exactness and precision must attend their method; whereas, in fact, they have already entered on a wrong path, and have taken an improper guide.

On the other hand, a more extensive survey of animated nature should have informed them, long before the present age, that there are innumerable animals which have neither brain nor nerves, and yet have life, and sensibility, and motion. By such a contemplation of the chain of beings, we learn that the matter which possesses the endowment, and which is capable of being excited, and consequently of reaction, exists independently of the brain and nerves; and that this matter of nerve is diffused in the animal body. It would not be a just method of investigating, to admit that the same phenomena were produced by different organizations. If sensibility and motion belong to the nerves—if the matter of the nerves be appropriated for receiving these endowments of life—we are not authorized, when the same phenomena are presented, to presume that these result from any other organization than that of nerves. Therefore, if we see, in the lower creatures, that they shrink from injury, it implies that they have nervous matter distributed in the body, although not in that form to be displayed by the knife of the anatomist. The matter of nerve is diffused, not bound up in nervous cords.

If the investigation were prosecuted from this point, and by ascending in the scale of animals, it would soon be made apparent that nervous threads were introduced to connect parts already in possession of vital power; that organs are connected in sympathy through them, so as to consti-

tute a circle of the economy; and muscles are associated by them, so as to combine in action.

But the subject has not been pursued in this manner. Galen, as we have said, described minutely the brain, the medulla spinalis, and the nerves proceeding from the brain. He taught that the will resides in the brain, as the origin of the nerves, and that the nerves are tubes carrying animal spirits from the brain to the moving parts of the body. A lucid spirit, he says, may be seen flowing through them; but some of the nerves are, in his opinion, not hollow, and the influence is propagated along these, by impulse. The anatomy and the opinions of Galen prevailed from the second to the sixteenth century, down to the time of Vesalius. —(The Professor, at this part, introduced a slight notice of Vesalius's life and pursuits, as forming an æra in the progress of anatomy.)—Though, on many points, Vesalius resisted the authority of Galen, he adopted both his anatomy and his opinions of the nervous system, with little variation. With him, the vital spirits were formed from the blood in the brain, were collected in the cavities, or ventricles, and there elaborated:—thence he traced them into the spinal marrow and the roots of the nerves, and so over the body. These doctrines came down, with no essential variation, till the time of Haller. Willis, indeed, gave us an arrangement of the system, adapted to the dissection of the body, and he entertained many ingenious conjectures on the uses of the parts of the brain; but still that organ was, with him, the sole *officina spirituum*, providing a subtile spirit which distilled through the nerves; and the nerves had no other distinction than as this spirit was liberally or sparingly supplied to them. However minutely he details the manner of the blood ascending into the brain, and the processes of distillation and circulation of the spirits, it is, in all material circumstances, the hypothesis of the ancients.

It has been said that it is singular that the sagacity of the Greeks should have, so long ago, suggested the distinct functions of the nerves, and, in fact, have announced the different uses of the nerves, which I shall make, in the course of these Lectures, a matter of demonstration. But there is

nothing distinctly stated further than what is proposed hypothetically to account for common phenomena; for it was known to them, as to you, that a limb was sometimes deprived of sensation and retained its motion, or enjoyed sensation and lost the power of motion. There will be found in Willis's works, as in the ancients, a great deal of discussion regarding the properties of the *spirit*—as for example, whether there was an animal or a vital spirit, or a sensorial and motor spirit; but all hypothetically, and neither proceeding on anatomy nor on experiment. Nor did they, in reality, make any distinction of nerves further than the speculations of Galen—whether the hard nerves were for motion, and the soft ones for sensation, or whether the nerves from the spinal marrow were best calculated for muscular nerves, and those from the brain for sensitive nerves.

All these questions will be found touched on by Haller, where, in the end, he concludes, “But I know not a nerve which has sensation without also producing motion. The nerve which gives feeling to the finger, is that which moves the muscles; and the fifth nerve of the brain branches to the papillæ of the tongue, and also to the muscles.”

There could be no speculations regarding the nervous system at all satisfactory, that did not embrace the ganglions, which are such conspicuous appendages of the nerves. The opinions concerning them exhibit, however, the same imperfect reasoning, and the same confusion and contradiction. Ganglions are swellings upon the nerves, of a firm consistence, and are within of a mixed substance. The word was first used by Fallopius, who conceived some resemblance between them and the swellings which form on tendons in consequence of sprains. Lancisi had the fancy that the ganglions were muscular bodies, and were for propelling onwards the nervous fluid; which coincided with a notion which you may remember then obtained, that the dura mater was muscular for the same purpose—viz. for compressing the brain. Winslow had the more rational opinion that the ganglions were lesser brains. And one English author, Johnstone, supported the prevailing opinion that these bodies were formed on the nerves for the purpose of cutting off communication with the brain, and that all nerves going

to vital parts were distinguished by having ganglions; that the vital actions might not be disturbed by passion, or a man resign life by merely willing it.

The French physiologists, among whom we must chiefly notice Bichat, have had the merit of contemning all authority. We must speak of Bichat with that respect which is due to a man of genius: he possessed ingenuity, industry, and eloquence. But, as it appears to me, he allowed the unhappy condition of his country so far to influence him that he never mentions the authorities of England, and I wish I could believe that he was ignorant of them. Nothing would suit the time (the commencement of the revolution) but the entire overthrow of former systems, and the substitution of a new theory. It was the pleasure of Bichat to divide the nerves into two distinct systems, instead of the one uniform system of the ancients, in which the nerves were supposed to proceed from the sensorium, as a grand centre, and from that to derive their powers. One of his nervous systems he conceived to have its centre in the brain, consisting of the nerves destined to receive impressions, and of the nerves which convey the influence of the will to the muscular system. The other had many centres. The power of this system emanated from the ganglions, which he observed largely scattered over the viscera; and each ganglion he conceived, with the authorities above, though he was far from acknowledging such authorities, to be a distinct source of nervous influence, whilst a relation was preserved between them by connecting nerves. The first was, according to this author, the nervous system of the animal life having one centre in the brain, to which sensation is propagated, and from which motion proceeds; whilst the second system was for organic life, had many distinct centres, and many functions relating to the operations of the animal economy, over which the mind had no power.

This bold invention was supported by many curious instances, and its author exhibited much knowledge, as well as ingenuity: but it was anatomically incorrect, and nothing more clearly evinced the wrong methods of study prevailing on the Continent, than the acquiescence and approbation with which this system was received there.

Two errors pervaded the whole, which ought not, for an instant, to have been left undetected. The first was in screening from himself what he could not be ignorant of—that the cerebral nerves also had ganglions; that 31 pairs of large ganglions, in regular order, and carefully protected, like important organs, are to be found in the nerves of the head and spine. This at once should have caused the rejection of the name of ganglionic system of nerves, given to his nerves of organic life. But his error was not merely the misapplication of a name: there was misconception and radical error throughout the whole system. Although Bichat's *ganglionic system* was presented with the aspect of novelty, there was, in truth, no actual discovery. Anatomists had already convinced themselves that the sixth nerve was not the root of this sympathetic nerve; that a filament so small could not be the trunk of that system which, expanding into larger branches, and furnished with numerous ganglions, was seen to pervade the whole viscera, and to connect itself with every nerve of the body. The opinion had been propagated that it was a system of visceral nerves extending every where, and not depending upon the encephalon.

But the most remarkable misconception of Bichat was, in imagining that he saw, in the ganglionic system, or the sympathetic system of man, the development of that series of nerves which is seen in the lower creatures: thus considering those nerves which, in them give sensation and volition, to be the same system which, in the human body, even by his own shewing, give no token of being either the organ of sensation or of voluntary motion. But of this more hereafter.

The Professor, having brought up the review of the opinions on the nervous system to this point, concluded his Lecture with a view of the structure of a nerve—the membranes which cover it, and enter into its composition—its vascularity—the dependence of its powers upon the circulation through it:—he observed, that the impression on any part of a nerve in its course, was always referred by the sufferer to the extremity of the nerve. He stated that the membranes investing the nerves were subject to be inflamed in patches, or parts, and that such inflammation produced pain remote from the seat of

the disease: he gave an instance of a tumor formed in the nerve of the ham being mistaken for a disease in the sole of the foot: he illustrated the same order of symptoms, by cancerous disease in the pelvis, often affecting the ischiatic nerve;—he then detailed instances to shew that when two nerves are bound together in the same sheath, one diverging to a part internal, and the other to a part external and cutaneous, the irritation upon the former is ever attributed to the part supplied by the latter; and of this he gave the examples of sympathetic pains attending inflammations of the throat, affections of the heart and lungs, of the liver and duodenum, of the colon, the uterus, and ovarium.

[To be continued.]

LECTURES ON EXPERIMENTAL PHYSIOLOGY.

BY M. MAGENDIE.

Lecture Tenth.

UNTIL very lately, absorption was generally considered as a complicated function, solely performed by means of a particular apparatus; which made inspection difficult, from the tenuity of the parts, and the pale colour of their coats. M. Magendie demonstrated, some years ago, that absorption was carried on principally by the veins, in the blood of which the gradual progress of the absorbed substances could be seen, and, as it were, traced. His ingenious experiments with regard to this point are so conclusive, that every body now has resumed the opinion formerly held upon the subject of venous absorption, without absolutely denying that the lymphatics also contribute to this function. Following the example of the Professor, we shall not notice those facts upon which the present theory of absorption rests, because they are generally known.

M. Magendie distinguishes two distinct parts in absorption:—1st. The local phenomenon of imbibition, by means of which a substance placed upon some organ of the animal passes into the neighbouring small vessels. 2d. The carrying of this substance from these capillaries into the current of the circulation, after which alone the ab-

sorbed matter exercises its influence upon the animal economy. This passage is a totally different thing from absorption—it is the result of the action of the circulatory organs almost exclusively; *imbibition* contributes nothing, or next to nothing, in its production. The first is a phenomenon entirely physical: it is produced on the dead body as well as upon the living; but in a greater degree, certainly, upon the latter.

Besides the experiments to which we have referred, M. Magendie supports this theory by the following facts:—The presence of the epidermis impedes the local *imbibition*, and, consequently, cutaneous absorption. The veins of a rabid animal, of the viper, &c. may be laid upon the skin, and as long as this membrane is entire, the poison will produce no effect; but if it be ulcerated, however little, the poison becomes effective, because the poisonous substances penetrate directly into the venous capillaries, and from thence to the heart and nervous system. It is thus that the above-mentioned poisons, inserted *under* the cuticle, produce their specific effects. Wherever a part is very vascular, and, therefore, able to convey the poison quickly, the absorption is rapid, and promptly developed. A young rabbit was brought into the room, an incision made in the thigh, and a piece of pointed wood, armed with the alcoholic extract of nux vomica, was thrust into the muscles of the limb: the animal died in convulsions in five or six minutes. The thigh was disarticulated and examined: along the course of the veins the parts were tinged with yellow, and were bitter to the taste.

Upon the absorbing faculty of the veins, is founded the therapeutic method, called *endermic*: but in this case, to ensure absorption, it is necessary that a healthy circulation should exist in the part where the substance has been placed, because, otherwise, *imbibition* only will take place, and not a conveyance of the substance into the mass of the blood. It is on this account that absorption is not so well accomplished in inflamed parts. The most exact observations upon inflammation, teach us that circulation is not so perfectly carried on, and sometimes is altogether stopped, in the parts, in consequence of a kind of obstruction

or choking up of the capillaries. In this case, *imbibition* always occurs, but there is no longer any transmission of the poison to the heart.

Liquids are more quickly absorbed than solids. This fact has been long demonstrated. Nevertheless, if a liquid poison be placed upon a surface having but few blood-vessels, its effects would be more slow than those of a solid poison equal in quantity to that dissolved in liquid; because the small number of vessels, in the first case, transmit but slowly (and scarcely, indeed, at all) the poisonous particles into the mass of blood. Thus the skin of the thigh of a young rabbit being divided, about half an ounce of the tincture of nux vomica was poured upon the cellular tissue of the limb, not having been cut;—the animal did not begin to be affected with stiffness until the lapse of one minute and fifteen seconds; and even then the rigidity was not strongly marked, and did not appear to threaten its life. In another rabbit, a few drops only of the same preparation were injected into the abdomen. The animal became rigid in one minute, but still only in a moderate degree; the strachea was then opened, and merely a few drops were put into this passage; eight seconds had scarcely elapsed when the animal fell backwards in a tetanic convulsion, which was mortal.

Those poisonous substances which are soluble in blood, are discovered with extreme rapidity in the cephalospinal fluid; it is even probable that medicines operate by this means upon the nervous system. It would be altogether impossible, says M. Magendie, to conceive the difference in the promptitude of the effects of poison, if it were attempted to explain the action of absorption by means of the lymphatics. But it is easily to be conceived, from the different vascularity of the parts upon which the poison is placed; for the muscles are evidently more vascular than the cellular tissue, and the serous membranes, and the lungs, are more so than the muscles.

However seducing this theory of absorption may be, yet it cannot be admitted without restriction. In the first place, it must be recollected, that physical imbibition cannot alone transmit a poison from the exterior surface of a vessel, into its cavity: *a priori*, when a drop of any liquid is placed upon an

ulcerated surface, which is very moist and often bleeding, one does not see how *imbibition* is to be produced; for, speaking physically, imbibition only takes place with any thing like energy, upon fibrous substances, that are very little, if at all, moist; thus, if a piece of calcareous tufa, &c. is uniformly moistened, (and nevertheless these substances never can be made so moist as the tissues of an animal body) you may plunge and replunge it into water, but it will absorb no more: moreover, in a living animal, and on the surface of a wound, there is something that would oppose absorption by the orifice of the vessels or their coats; that something is the repulsive force of the heart, which ought to resist the entrance of foreign molecules, whether through the orifices or coats of the vessels, and therefore resist absorption.

M. Magendie, in the second place, explains very well many of the varieties attending absorption by the different vascularity of the parts wherein that action takes place; but there are other circumstances that cannot be explained in the same manner. Thus, the poisons of hydrophobia, of the viper, &c. introduced by the alimentary canal, are not at all poisonous; nevertheless, there is no epidermis on the internal surface of the small intestines, and their great vascularity is well known. It will perhaps be said that the poison is decomposed by the gastric juice, the bile, &c. but this is not proved. How can it be admitted, that secretions which do not sensibly decompose the prussiate of potash, and other salts as easy of decomposition, are able to destroy the specific nature of these poisons, especially that of the viper, which resists long drying; that the blood, which furnishes all these secretions, will not decompose all the poisons, whilst the gastric juice and the bile, formed from the blood itself, entirely change their nature. It is very probable, that if they were placed in a portion of intestine exempt from either of these secretions in a living animal, they would produce no ill effects: besides, the extract of nux vomica, introduced into the digestive organs, is not so speedily mortal, as when it is inserted under the cuticle, or even in the cellular tissue.—From whence does this difference arise? The majority of mankind can use mercury a long time, can keep their hands moistened or dipped in so-

lutions of corrosive sublimate without danger, and it is nevertheless true that many persons, and among the rest M. Hypolitus Cloquet, have been poisoned in this manner. These individuals, have they not their epidermis and blood-vessels constituted like the rest of the world? In those cases where a very trifling difference is observed, will that be sufficient to explain the great difference which exists between no absorption at all, and one where the symptoms produced are very considerable?

There is certainly relative to absorption some cause yet undiscovered, besides those already known. M. Magendie has done much, but there is much left for others to accomplish.

TREATMENT OF ULCERS.

To the Editors of the London Medical Gazette.

GENTLEMEN,

IN your Gazette of the 2d of February, you have given some quotations from Mr. Scott's work, on the treatment of Chronic Inflammation, &c.; and in one part, I am led to suppose that Mr. Scott must have misunderstood the method recommended by the late Mr. Baynton, of Bristol. In the quotation I allude to, Mr. B. is made to say that as much force may be used as the surgeon can exert, &c.;—and again, just before this, the ends (of the plaister) are to be drawn over the ulcer with as much gradual extension as the patient can well bear. The conclusion drawn by Mr. Scott from these, is, that the plaister bandage is to be drawn so tight as to produce tumefaction of the foot and ankle. Now I beg leave to say, that tumefaction never can be produced if the bandage be applied in the manner recommended by Mr. B., that is, with as much tightness as the patient can well bear; for it is not to be supposed that Mr. B., who knew too well the value of a free circulation, could mean that the surgeon should brace up a leg, with each strap of plaister, as though he were screwing up a tourniquet. I am one of the very few who had opportunities of seeing the plan recommended by Mr. Baynton, used by him; in fact, there are but two others, I believe, in London; and I am sure they

will bear me out in saying that pain and tumefaction never followed the method, if properly applied. The fault does not lie in the plan, but in the manner of using it; or perhaps I should have said, in the plan adopted by a great many medical men as Mr. Baynton's, but which really has no pretensions to be so designated, as it consists of narrow slips (about an inch in width), applied with almost as much force as can well be used, and thereby occasioning pain and tumefaction of the limb; whereas Mr. Baynton's plan consisted of straps about two inches wide, or more, and applied only with so much graduated pressure as the patient could well bear, and crossed at the ends in the form of the many tailed bandage; and, instead of pain, a very great degree of relief was almost invariably given to the patient.

Another statement also, I think, requires notice: that is, the extent of the limb to be covered by the plaister. Mr. Baynton says, at least an inch above and below the ulcer. Now he never meant to say that it was not to be applied to any greater extent of surface, as the words "at least" imply. In some cases, the distance above mentioned is sufficient; in others, (nay I believe, in most,) the whole extent of the leg, from the toes to the knee, should and must be covered. Mr. Baynton more frequently covered the whole leg, and used only that degree of mechanical support, or pressure, which was perfectly agreeable to the patient's feeling, never for a moment supposing that it was possible to "squeeze parts which are swollen into their proper dimensions." I am frequently in the habit of using Mr. Baynton's method for the cure of old ulcers of the leg, and am well assured that neither pain nor swelling take place from the dressing.

A great deal more may be said on the subject, but as I merely wish that the members of the profession should be set right on the subject of Mr. Baynton's method of curing old ulcers of the leg, I shall not intrude further on your time, but to say that I do not see any material difference in the practice of Mr. Baynton and Mr. Scott; both using the same application, the same length and breadth of strap, and the same degree of support, or pressure. The only difference is, that Mr. Scott tells us that

harm, in many instances, arises from the very plan he is using with so decided an advantage.

I have the honour to be,

Gentlemen,

JAMES P. HILL.

5, Gough Square, 17th March, 1828.

A REMARKABLE CASE OF COSTIVENESS FROM PALSY.

[From a MS. of Dr. Hunter.]

M. M. on the 7th of Feb. 1762, about the 68th year of her age, was seized with a palsy, which entirely deprived her of the use of her right side, and of her speech. At first she was insensible, and then she had all the assistance that her physician could give her; but as soon as she recovered her senses, all prescriptions were vain. She persevered with such resolution in refusing to take any medicine, or to suffer any outward application, that in a short time the care of her was confined to attentive nursing. She lived to the 5th of October, 1767. During the last four years of her life, she was always attended in the day time by one nurse, and in the night by two.

From a little time after being first seized with the palsy, till about a month before she died, she eat meat, more heartily, indeed, than in her former state of good health, and, by choice, the higher dressed dishes, both dinner and supper; but drank sparingly. She was not all this time sick at her stomach; she never sweated; her urine was in a moderate quantity, but could not be measured, as it came from her upon cloths, and she had much pain, which was supposed to be from gravel, for she passed numberless small stones like shot. She had a continual spitting. In this period the costiveness of her body gradually increased, insomuch, that she seldom had a stool in less than a week, more frequently it was a fortnight, sometimes three weeks, sometimes four; and twice together her bowels were emptied but once in 30 days—that is, *twice in two months, when she was eating heartily all the time, and had no sensible excretion besides the common quantity of urine, and a continual spitting of saliva*; and both times the evacuation would probably

have happened still later, if four or five grains of jalap had not been taken daily without her knowledge in the beer which she drank, from the time that she had been a fortnight without a stool. After this the costiveness continued (though not to such a degree) till her death, except once for a short time that she was taken with a violent purging, which threatened her immediate dissolution.

During the last month or five weeks of her life, her appetite to food declined, so that she gradually eat less. In the last eleven days she swallowed neither food nor drink of any kind whatever; on the twelfth day she had been prevailed upon to try if she could take a sip of her favourite liquor—small beer with a little wine in it. Whether she got any down in two different attempts was uncertain; but it could not have been more than a tea-spoonful each time. On the thirteenth day before her death, she had taken one dish of chocolate, which we may reckon the last nourishment she took.

During these last twelve days of her being without any kind of solid or fluid food or drink, she was perfectly in her senses till within a few hours of her end, and never expressed the least degree of hunger or thirst. She passed less urine than before. Her strength sunk or failed in the most gradual way that could be conceived, and her breath and discharges became so offensive before death, that, although the utmost care was taken, the room could not be kept tolerably sweet.

BLOOD-LETTING.

To the Editor of the London Medical Gazette.

SIR,

IN the case recorded in your Gazette a few weeks ago by Dr. J. C. Badeley, setting forth the “Extent to which BLOOD-LETTING may be carried” successfully, it is thus concluded:—“The blood was accurately measured, and amounted to 160 ounces, drawn within five days. Dr. Blundell has mentioned two successful cases of thoracic inflammation (in the 10th Vol. of the Med. Chir. Trans.), in each of which *a gallon and a half* of blood was abstracted within

the same short period ; otherwise there are probably but few on record which exceed the present extent of depletion within the given time."

As Dr. Badeley, in the words "probably but few," leaves the other cases of extraordinary extent of venesection to the knowledge or research of your readers, I beg to recal attention to "Reports of the Ardent Fever of the West Indies, by Mr. Comrie, Surgeon, R. N." in the 50th Number of the Edin. Med. and Surg. Journal; where-in it is stated,—“The total number attacked with fever is,” (in one ship,) “therefore, 55, and the number sent to the hospital, 36. All these patients were cured; viz. at the hospital, 36; on board, 19;” of which hospital cases the present writer was one, saw many of the others treated, and can well testify to the curative extent of this bold practice.

“The treatment applied was large and copious bleedings; sometimes to the amount of 200 ounces in the course of three or four days.”

And again, after speaking of 111 other cases of the fever, Mr. C. says—“In the course of three or four days, above 250 ounces of blood have been taken away, *and always with success, when timely application was made.*” In a note annexed, Mr. C. states, “The blood that was detracted was measured in every case, with one of the spitting-pots, previously accurately measured; and no allowance is made of what was spilt, or for what came away during the time the vessel was being emptied.”

I remain, Sir,

Your's, &c.

J. B., M. D.

March 31, 1828.

[We do not profess to be advocates for profuse blood-letting; but, in reference to Dr. Badeley's and the above communication, we may mention that Dr. James Forbes published a paper some years ago, (we believe in the Medical and Physical Journal,) in which he details the results of his practice, and gives cases in which from 50 to 60 ounces of blood were abstracted at once, and the bleeding repeated on the same day to the extent of thirty ounces.]

IMPROVEMENTS AT GUY'S.

To the Editor of the London Medical Gazette.

MR. EDITOR,

IN the present age, it is the fashion to consider every deviation from former usage as an improvement, and any doubt that may be started of the advantage of such alteration, as a bigotted adherence to antiquated customs. I shall, nevertheless, advocate what I conscientiously believe to have been a preferable mode of instructing the pupils, though I expose myself to the censure of the 'march of intellect.' Clinical reports were formerly conducted upon nearly the same plan as at present, with the addition of a lecture once a week. The physician had two gentlemen who acted as his clerks—the one attended to the female, the other to the male patients: every pupil was invited (I may say courted) to make observations, to suggest any remedies, or different plan of treatment, and, after the daily reports had been made at the bed-side, the physician and the pupils pleasantly and instructively conversed together. The pupils formed a debating society, and once a week, at least, canvassed amongst themselves the treatment, &c. of the Clinical patients. It happened not unfrequently that they referred the difference of opinion which they could not settle to the arbitration of the physician, who discussed with them the knotty point affably and amicably. Emulation was excited, unrestrained observations and remarks were made, and the most diffident (who is frequently the best informed) pupil, without hesitation, expressed his opinions. How is it possible for each pupil to have a patient under his care, as stated to you by a fellow Student at Guy's, when the Clinical wards can receive only twenty-two patients, and the gentlemen who are Clinical pupils are treble that number? It might be here shown that the Clinical instruction, as now conducted, is inferior (at least not superior) to that afforded by the physicians of the hospital at their customary visits; but I will not trespass upon your pages by showing that the colloquial opinion of a physician in the general wards, is equally valuable as that of the same or any other in the Clinical wards. The lecture,

once thought a valuable part of Clinical education, is thrown overboard.

Your correspondent is mistaken in his statement that another improvement has taken place in Guy's hospital, viz. the construction of a theatre of morbid anatomy. Inspections of dead bodies take place in the same room where they have been conducted for the last five years—a few benches only have been placed in the room within the last few weeks. To Dr. Hodgkin every praise is due: his urbanity towards myself and every other pupil—his anxiety to afford us every facility to acquire pathological knowledge—and his zeal and persevering assiduity, merit more than we can ever pay.

I beg leave to subscribe myself,

AN OLD STUDENT AT GUY'S
HOSPITAL.

March 19, 1828.

Notice of the Appearances in the Brain of a Young Female who attained her seventeenth year without giving Indications of Sensation or Motion from Birth. Communicated by DAVIES GILBERT, Esq. M.P., President of the Royal Society.

THE young person who forms the subject of the following notice was somewhat prematurely born, and appeared at birth to be very feeble. She gave no indications of the usual instinct which guides infants to their natural food; and much difficulty was experienced in teaching her to take the breast. One eye was observed to be smaller than the other, which appeared to be of the natural size.

Except this excessive weakness of the muscular motions, and total deficiency of the ordinary sensations and appetites, nothing particular was remarked for several weeks after birth, when convulsive fits took place, and increased in violence and frequency of recurrence till they exceeded one hundred in twenty-four hours. Every method that could be suggested by various medical attendants to counteract these fits of convulsions, was tried without success.

She nevertheless continued to grow in length much like other children. But the defects in motion and sensation increased and became more apparent.

Though she originally gave indications of sight, blindness came on; and cataract was observed in the eye originally of the natural size. The sense of hearing, if it existed at all, was very obtuse. Latterly it was impossible to doubt that she was quite deaf. Though she got a first set of teeth, these were not succeeded by others, so that they were temporary only. The sense of taste seemed to be tolerably perfect, as fruit, confections, custards, and other sweet articles, were received with indications of pleasure.

She never acquired any thing like the power of voluntary motion; and she attained her seventeenth year without ever having held up the head, raised her hand to her mouth, or set her foot to the ground. She never was heard to utter any thing like an articulate sound; and a feeble cry or whine only was believed to indicate want of food. When this was gratified, especially with sweet articles, the countenance exhibited an expression of satisfaction.

The bowels were habitually very slow, so as to require the perpetual employment of medicine; and to this no temporary exception was ever remarked. She never acquired any command over the sphincters.

For some short time previous to death the weakness seemed to increase; and exactly on the day when she completed her seventeenth year, she expired in a manner so gradual, that the attendants thought her asleep, when she was really dead.

I understand that some indications of the menstrual discharge had been observed; and the usual marks of puberty were not wanting. I am not aware, however, that the mammæ had enlarged.

Her length must have been equal to that of many young persons of her age. The spine and limbs were distorted, and the person was much emaciated.

Inspection of the body after death unfolded the following appearances, which are given in the words of the surgeon (Mr. James Coles) who performed the dissection.

“On opening the cranium, the first thing which presented itself to observation was the very great distention of the vessels of the brain and of its membranes. The first longitudinal sinus was particularly gorged, and marked its course by a raised dark blue line ex-

tending across the dura mater from before backwards. We laid it open, and found it filled with coagulated blood.

"On proceeding with the dissection, we found some little water in the lateral ventricles; but this is often poured out after death in the healthy subject; and as the contents of the ventricles were perfect, more particularly the optic thalami, I should be inclined to consider that as a natural appearance.

"On removing the brain from the basis of the skull, so as to expose the nerves, we could trace each pair taking their usual course to their destination; and they all appeared firm and healthy, as in the most intelligent individual. But in the base of the skull itself, not a vestige of the dura mater was to be seen. Its place was supplied by a thin semitransparent membrane, very lax and irregular, so that it afforded no protection to the nerves in their exit from the skull.

"On the back part likewise the whole, or the greater part, of the *tentorium* was deficient, thus allowing the whole weight of the brain to rest on the cerebellum.

"We proceeded carefully to trace the nerves to their separate organs, and found them in every respect seemingly perfect. Indeed the optic nerves appeared particularly developed, as also the ophthalmic branches, although cataract existed in both eyes to a very considerable degree. Nothing further appeared worthy of observation. From these circumstances, I should be inclined to say, (as far as human research can explain the mysteries of our nature,) the causes of the child's deficiency were as follow:—

"That from the want of the *dura mater* on the base of the skull, and its place being only imperfectly supplied by the thin expansion before mentioned, the mass of brain was allowed to press on the nerves of sense as they passed through their separate foramina, and thus their vital principle became destroyed; and that the cerebellum, not having any protection, in consequence of the want of *tentorium*, was also pressed upon by the cerebrum, which likewise suffered in its turn, thus probably accounting for the total extinction of intellect."

The defect of *tentorium* and of the speno-occipital portion of the *dura mater*, in the case now related, is im-

portant in directing the attention to the probable influence of one part of the organ pressing or gravitating, as is said, on another. That this influence, however, may not be over-rated, it is requisite to mention that Sir Anthony Carlisle published, many years ago, in the first volume of the Transactions of the Society for the Improvement of Medical and Surgical Knowledge, the history of a woman, apparently near twenty, who died with symptoms of fever in the Westminster Hospital. In the brain of this woman, the *falx* was entirely wanting, from the *crista galli* to the *tentorium*, the opening in which also was much larger than usual; and consequently; not only did the one hemisphere press the other, but part of the brain gravitated on the cerebellum. Yet in this woman the intellectual powers were said to be perfect; and she had no particular complaint of her head*.

ANALYSES & NOTICES OF BOOKS.

"L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'ALEMBERT.

Delineations of the Origin and Progress of various Changes of Structure which occur in Man, and some of the inferior Animals; being the continuation of works already published on this subject. By JOHN BARON, M.D. F.R.S. Physician to the General Infirmary, and Consulting Physician to the Lunatic Asylum at Gloucester, &c. &c. London: Longman and Co., 1828.

THE present work is intended to afford some farther illustrations of Dr. Baron's views regarding the primary steps in the various disorganizations which take place in animal bodies. As he justly observes, "We have hitherto been too much in the habit of drawing our conclusions from the changes of structure which we observe in the human body, when these have been already fully developed; whereas satisfactory information can only be obtained by tracing these changes through all their steps, and the lower animals afford us, except in a rare occurrence, the only means of doing this."

Dr. Baron regards organic diseases as

* Edin. Med. and Surg. Journ.

especially dependant on the lymphatic system.

“ There are two ways in which the first indications of the class of diseases now under consideration become visible. The one is denoted by the enlargement or greater development of the lymphatics; the other, by the formation of little vesicles. Both these, for the most part, occur together in the same organ; but it is sometimes otherwise.

“ To illustrate this matter a little more fully, I shall state what any one may witness who will examine the first appearances of the changes in question. Let us take, for example, a liver that is becoming diseased. The first thing that strikes the eye is a manifest enlargement of the lymphatics. They are quite apparent, and evidently occupy a larger proportion of the organ than they do in their natural state. At this time they may retain their transparency; but generally they soon become opaque, and white, or of a pearl colour. A section of the organ at this period gives a mottled appearance, not unlike that which is exhibited by the cut surface of a nutmeg. As the disease advances, a greater disproportion is exhibited between the diseased and sound parts. The white portion very much predominates. Ultimately, the brown or interstitial parts, which are remains of the proper glandular texture, are altogether removed, and an apparently schirrous mass is left in its stead. The different steps in this progress will be more clearly demonstrated when I come to the description of the plates. This may be considered as one of the most frequent and simple forms in which disorganization takes place. It is very often found in this state in one viscus, or even in one portion of a viscus; while other parts exhibit it in combination with other changes, some of which I am now to notice.

“ These consist in the formation of vesicles, and tubercles, and tumors. The first step in this series of disorganizations may be accomplished in one of two ways. One is, the expansion of the lymphatics at the point of intersection where different branches meet. This variety, of course, occurs most frequently in the substance of the viscera, where the distribution of the lymphatics is different from what it is on their surface. The other occurs when

the vesicle is formed immediately in the course of the lymphatic trunk. In the first-mentioned case the vesicle is not quite so regular in its shape as it is in the last; and as it advances, and becomes consolidated into a tubercle, there is in some instances a sort of contraction, which gives the surrounding part a radiated, puckered, appearance; all the lymphatics which are connected with the tubercle being thickened and changed.”

The formation of tubercles is thus described:—“ In the first place, a small vesicle appears; this may go on advancing in size, retaining its transparency, and not materially interfering with the functions of the part. This is best seen in the liver. So far the change is not attended with any alteration, either in the colour or texture of the surrounding parts; and it is only when the diseased portion undergoes farther changes, and interferes with the functions of the organ, that any decided change in the structure of the contiguous parts is observable.”

Dr. Jenner found that it was possible, by feeding rabbits on unwholesome food, to light up diseases in various parts, but particularly in the liver. These experiments have been repeated by his learned biographer, and the part of the work before us, most capable of being conveyed to the reader, is what relates to this particular point.

“ For this purpose I placed, about the end of last April (1825), a family of young rabbits in a confined situation, and fed them with coarse green food, such as cabbage, grass, &c. They were perfectly healthy when put up: on the 3d of June one of them died. On examining its liver, the primary steps in the disorganizations, which I am now considering, were evinced in a very manifest and interesting manner. The first thing that showed itself was a number of transparent vesicles, about the size of a pin's head, studded over its external surface; some few of them had attained a larger size, and might equal the tenth of an inch in diameter. With these appearances there was an increase in the magnitude of all the lymphatics of the organ. This was visible in the superficial ones, as well as in those which belonged more particularly to the proper texture of the organ; and it was chiefly at the points of intersection of the latter that the transparent vesicles, above described, were seen. These ap-

pearances were also visible on cutting into the organ, but it did not exhibit any other mark of disease.

“ On the 12th of June another rabbit died: in it the disease was considerably farther advanced. The whole liver appeared of a lighter colour, and was somewhat enlarged. It was studded with tubercles; some of them semi-transparent, others quite opaque, and nearly firm in their texture, and of a bright yellow colour. A corresponding increase in the disease of the lymphatic vessels was also apparent; that is to say, they were larger than in the last case, and had lost their transparency; and there was, of course, a corresponding diminution of the natural hepatic texture.

“ June 16.—A third rabbit died this day. The progress of the disease was very clearly marked. One of the lobes was universally pervaded by small tubercles, about the size of millet seed: they stood prominent on the outer surface, so as to give it a granulated appearance. They were developed in such numbers as almost entirely to have taken place of the true hepatic structure, and to leave a mass of irregular surface, and of a straw or ash colour, in its stead. Attached to the lower surface of the liver, there was an hydatid, about the size of an hazel nut.

“ June 18.—This day a fourth rabbit died: a considerable number of hydatids were attached to the lower surface of the liver, and lay between it and the smaller curvature of the stomach. They were not quite globular, and were becoming opaque; and their contents, in colour and consistence, looked like calves'-foot jelly. There were six or eight similar, but smaller and more transparent, bodies attached to the omentum.

“ The liver itself contained many tubercles, but fewer than in the last case. They had been developed at greater distances from each other, and had, consequently, acquired a greater size. The other parts of the viscus were apparently sound.

“ At this time I removed three young rabbits from the place where their companions had died to another situation. They had all the external signs of being diseased, like those already described. They were remarkably low in flesh, whilst the abdomen was tumid, and the whole skin scaly and unhealthy.

Their new abode was dry, and kept clean; and they were fed chiefly upon bran and oats, with a moderate proportion of clover and dandelion.

“ About ten days after this change had taken place, I killed one of them. The animal had increased a little in flesh, but the other external signs of disease existed, and the progress of the internal disorganization had not been arrested. The liver was very much enlarged, and there was a greater development of the whole of the lymphatic system of the organ, than in any other of the former instances. There were also a very great number of the tubercles of different sizes, and in different stages of their progress, so that scarcely any part of the liver remained in a sound state. In Plate III. Fig. 2, will be found a representation of this diseased part. Any one accustomed to examine appearances of this kind, will perceive how formidable the disorganization is. I present it to the reader, in order to show how far change may take place, and yet the healthy condition of the part be restored. In order to put this point to the test, I killed the fellow of this last-mentioned rabbit on the 5th of August. It had been fed exactly as I have already described. It was very much improved in health, and on examining the liver, it was found comparatively in a sound state. Its colour was natural, it was not much enlarged, and there were only a very few tubercles discoverable in it.

“ So far as the foregoing facts lead us, they are interesting both in illustrating the origin and progress of the diseases in question, and in giving us some hints respecting their treatment. The evidence that all the rabbits were diseased is as strong almost as it can be. They were all affected with the same external signs, and till their diet was changed, were all falling under the influence of the disorder. The lives of the three that remained were obviously saved by this change. In the first that was killed after it had taken place, the health was improved, but the local disease had not been arrested. In the second, not only was the general health improved, but there was also great reason to believe that a considerable removal of the internal disease had been effected.

“ I trust it will not be thought that this inference is over-strained; the

traces of the disorganization of the liver being discernible, and all the other appearances of the animal denoting that it was diseased like its companions."

The author then proceeds to detail some facts drawn from the examination of other animals. He found the changes from the healthy state particularly perceptible in the liver of the hog. Dr. Baron is of opinion that much as disorganizations vary in appearance, they differ less from each other in their origin and essential characters than might be supposed; and it is to be observed, that with regard to the first link in the chain, he has substituted in general the term *vesicle* for *hydatid*, which he formerly employed; and he expressly tells us, that when the latter is used, it is to be understood in its etymological sense, rather than in that assigned to it by naturalists.

Observations on the Mortality and Physical Management of Children. By JOHN ROBERTON, Member of the Royal College of Surgeons, Edinburgh; of the Literary and Philosophical Society of Manchester; and one of the Surgeons to the Manchester Lying-in Hospital. London. Longman and Co. 1827. pp. 311.

THE first part of this treatise consists principally of a variety of Tables, shewing the different ratio of mortality amongst children in various parts of the country, together with observations upon the local circumstances which influence their health. Many attempts have been made to prove that, since the introduction of vaccination, infantile diseases in general, and especially measles, have become more fatal. The opinions and erroneous conclusions of Dr. Watts upon this subject, are very properly commented upon by the author. "It is not enough to shew that more die of measles at present, than died previously to the vaccine period—a consequence to be expected, owing to the diminished mortality from small pox: it should also be shewn, that of a given number of cases of measles, a greater proportion dies now than died any time when small pox was in full force." No facts of this kind have been adduced, and it is fair, therefore, to presume that they do not exist, or they would have been brought forward.

It was scarcely necessary for Mr. Robertson to dwell particularly upon the dangerous effects arising from immense numbers of children being huddled together in our manufacturing towns: the fact is well established, and it has been the favourite theme of many writers. The evil is one of considerable magnitude, but the remedy is not in the hands of the physician.

An attempt is made to shew, by a table, the comparative fatality of several of the diseases of children. It has been extracted from the register at the Rusholme-road Cemetery; but so long as the name of the disease is entered by the report of the friends, it is impossible to regard such documents with any degree of confidence. In Berlin, and some other parts of the Continent, the certificate of a medical practitioner is required to testify the disease of which the patient died; and it is certainly true, that "until there is some legal provision to enforce this practice in England, as respects the keeping of the parochial and other mortuary registers, we must be contented to remain (as we now are) far behind every other country in the important and fascinating study of medical statistics."

In the second part of the volume, the author takes a general and superficial view of the physical management of children. We have perused the whole with attention and patience; but we have not been able to glean much matter that would repay us for the trouble of extracting, or our readers for the fatigue of perusing. The author may, in fact, exclaim with Wotton, "I am but a gatherer and disposer of other men's stuff;" and it unfortunately happens that the stuff he has selected has been worn thread-bare by common use. We do not deny the importance of the various subjects which are discussed; but some addition to the information we previously possessed, we surely had a right to expect.

The author observes, "that the milk of a wet nurse ought, if possible, to be nearly of the same age as the infant for which it is intended. It is not unusual to see an infant, soon after birth, put to a breast which has already yielded milk for eight or ten months; but the effects of such a practice are *invariably* mischievous." We regret that this unqualified statement is not followed up by some account of the evil effects arising

ing from the practice deprecated. Our experience upon the subject is considerable, and we have taken every pains to ascertain how far the popular, and even professional opinion, is well founded, that infants are injured by being suckled by a woman whose milk is not nearly of their own ages; but we have not been able to detect any injurious consequences from this practice.

The necessity of paying attention both to the quantity and quality of the food of infants, has been much too frequently insisted upon by a host of writers, to require that we should dwell particularly upon the observations Dr. Roberton offers upon this important subject. It is to be regretted that the following rules for the application of the cold bath are not more generally attended to:—

1st. The child must be free from every active and organic internal disease, as also in general from cutaneous complaints.

2d. The body must be of at least the natural temperature, or above it: and the skin at the same time free from perspiration.

3d. It must not be used after fatigue, exhaustion from whatever cause, or a full meal. It is, however, to be understood, that smart exercise, short of producing fatigue or perspiration, is the best preparation for the cold bath.

4th. A single complete immersion, or momentary reception of the shower, is sufficient, and ought not to be exceeded.

5th. When the use of the bath is followed by liveliness and comfortable warmth, it is beneficial; on the contrary, when there is lividness of the skin, chilliness, and languor, either some of the foregoing rules have been disregarded, or the bathing disagrees, and it should not be repeated.

The ridiculous advice of Locke, who, in pursuance of the “Hardening System,” recommends that “the shoes of a child may be made so thin, that they may leak and let in water whenever he steps in it,” scarcely required a serious refutation. We often hear the children of vagrants praised for their healthy looks, and it may be true that such of them as we see are generally vigorous; “but how large a proportion of the children of these people do we not see!” Children who do pass through a life of hardship, may enjoy very enviable health; but Mr. Roberton very pro-

perly observes, that “a family under such circumstances is a kind of plantation, which death appears to have special license to thin, and he is too unsparing a woodman to leave any but vigorous plants.”

We scarcely know to what class of readers we can recommend this work. The tables contained in the first part may not be altogether uninteresting to the medical practitioner. The second part is principally occupied by popular observations upon the general management of children, which have been more than “thrice three times repeated.” Mr. Roberton has evidently read the Treatise of Struve “On the Physical Education of Children,” with much attention. The German author has nothing to fear from his rival—his work is decidedly superior.

ON THE CHARACTER OF THE LANCET.

LETTER II.

To the Editor of the London Medical Gazette.

“Not that the THING will hesitate to utter a lie, if it believe that it is its interest to do so; but *this lie* would convince the hearer of the *accuracy of the description* we have given of the *character of the monster*.”—LANCET, Vol. xii. p. 20.

SIR,

IN resuming my strictures upon this profligate and audacious Journal, I cannot find for them a more illustrative *motto* than the above appropriate passage from his own columns. The frontispiece of the beast is thus manufactured out of his proper brass; and the misapplied appellatives of *liar* and *monster*, which he deals around him with indiscriminating violence, receive at last their only *suitable application*. Indeed, the *spirit* of all his leading articles cannot be better exemplified than by this short extract from one of them. Degraded himself, he wishes to bring down the honourable to his own level, and to confound the lights of the profession with the lost characters of his own class and colour. As the devil “goes about like a roaring lion, seeking whom he may devour,” so THE

LANCET labours incessantly to extend the boundaries of his own malignity.

Like the Fell One, he works at his damnable
woof,
And blights a fair fame without hinting at proof :
But the thoughts and the deeds that his tissue
compose,
Are too dark to repeat, and too foul to disclose !

On the subject of those *extra-professional helps*, by which THE LANCET first arrived at a remunerating circulation—as well as on the character of those who bought and encouraged him—I have slightly touched in my introductory communication : but it is not to be so dismissed. In an age of protestation like this, when every villain asseverates his own innocence, and even a THURTELL, by his bold hypocrisy, has obtained compassion, the obstinacy of culprit averment must be encountered by notorious *fact* : and I pledge myself, before the conclusion of this correspondence, by opposing *truth* to the specious denegations of THE LANCET, to prove that his affectation of public motive is every where a deceptive manœuvre, to facilitate the reception of his revengeful calumnies ; that he lives by the assassination of private character ; and that he is a liar, a blasphemer, and habitual defamer of a profession which he dishonours.

His *first volume*—as I told you, Sir, in a former letter—is *replete with beastlinesses of the most unnameable nature* ; and at the risk of being charged with repetition, I send again to *that volume* all who are curious in such investigations : for it is beyond all things imperative that his *original infamy* should not for a moment be lost sight of in these discussions. Throughout that volume they will also remark a miscellaneous admixture of theatrical and police report, which proves its object to have been any thing but exclusively scientific : but the *sauce piquante* of slander and excrescential filth by which it was collaterally strengthened—by which, indeed, it *principally rose*—is its predominant and peculiar feature :

His brother's shame—his neighbour's ill,
Are grists and grain to PYRIO's mill ;
And oft our bastard whelp of science
Sets truth and morals at defiance.

I have said, Sir, that on the score of his vituperative and libellous propensities, I should make THE LANCET instrumental to his own exposure ; and it will not be difficult to redeem the pledge. But as that which has already been pronounced

libel in a court of law, constitutes by no means the *only*, nor indeed the *strongest*, evidence of these propensities, it is not with any of the *recorded verdicts against him* that I will now occupy your enlightened attention. Where legal conviction has taken place, lighter demonstration is unnecessary. But I shall select, *passim*, from his hitherto uninvaded columns, sentences of such gratuitous malevolence, that neither their tone nor tendency can be misunderstood. He shall be witness against himself—there is no need to examine another.

First, then, Sir, let us turn to his *sixth volume*, p. 238, and read there his *description* of the senior surgeon of the Middlesex Hospital. I give it in his own words.

EXAMPLE I.

VITUPERATIVE AND LIBELLOUS.

“ According to a most acute observer, the famous J—— B—— is a complete *specimen of the bullying surgeon*. With small skill in surgery, and no learning, he got into a hospital by *vile arts* ; he is surly and morose ; treats his patients like dogs ; looks down with contempt on the most deserving of his profession ; is an *enemy to merit*, which he is *unable to appreciate*, and condemns *morbid anatomy, which he does not understand*.”

When it is considered that the inditer of this paragraph is himself a notorious “bully,” as indeed the paragraph itself *establishes* ; a medico-literary ruffian, who does not *stick to stab* whenever it is his cue to do so ; when, moreover, the “vile arts” by which he has mounted to his own *bad eminence*—not as a practising surgeon, but as a wholesale libeller—are called to recollection, I might rest my case here, and the world should say that I have *proved enough*. But I proceed to

EXAMPLE II.

MALIGNANT AND BLACKGUARD.

“ The *dissection* is described in a style quite worthy of the previous history ; “ the body was attenuated.” Three months residence in St. George's, and *two such clawings and mawlings* by the BATS of that place, account well enough for this. We only wonder that he had not, long before, been “ resolved into dew,” or “ vanished into

thin air." The vessel where it had been tied, was "*fairly* destroyed by ulceration." Fairly! that we deny: foully, most foully."—LANCET, No. 234, 23d Feb. 1828.

This extract is from one of his *Hospital Critiques*. The diabolical insinuation conveyed in it, that the patient was destroyed by surgical ignorance, is a speaking evidence of the *spirit* in which they are conceived: and when we add to this the tone of coarse personality in which the Hospital officers—and the establishment itself—are mentioned, my titular designation of the passage will be felt to be *no misnomer*. We come now to

EXAMPLE III.

VENOMOUS AND VULGAR.

"Pray who are the wives of general practitioners? Who? why, the daughters of the most respectable, the most wealthy, and independent gentlemen and merchants of England; ladies who, in no single circumstance, are inferior to "the wives, widows, and female relatives," *of the ignorant, conceited, malignant, lying, insulting, boasting, hospital surgeons of this metropolis.*"—LANCET, vol. xii. page 205.

I ought almost to *apologise* for citing this last specimen of impotent and spiteful balderdash: it is, indeed, the very *lunacy* of libel. But as I have undertaken to show up THE LANCET in his own colours, I hold those passages to be most especially important, where—as in this before us—the contortions of the writhing reptile are displayed in their unconcealed malignity.

You will perceive, Sir, that I have fitted each of these three *examples* with different *distinctive* epithets: but they are *all* to rank in the class "vituperative and libellous." On that head, too, you will probably deem—at least for *one* letter—that I have accumulated proof sufficient. I will, therefore, only observe—before I pass to the *blasphemy department*—that in the very *last* number of THE LANCET an operation at GUY's for lithotomy is described, with a Satanic exultation at its result—and a horrible distortion of the details—right worthy of this moral assassin. I refer you to it, as the bitterest of all his libels. The gauze of affected candour, with which—in some instances—

he has contrived to shroud his more elaborate detractions, is entirely wanting there: and the naked *malice* of the critic peers unmitigated in high relief, throughout his master-piece of unparalleled slander.

But let us now look at THE LANCET as an *irreligious* writer. It is quite fair to do so; for he has in more instances than one arrogated to himself the titles of public censor, and guardian of the national morals.

EXAMPLE IV.

BLASPHEMOUS AND PROFANE.

"When JONAH entered the whale's stomach, either he was alive or he was not alive. If he were not alive, the stomach would have had the same power over him as over any other inanimate substance, and *the Prophet would have been digested in the ordinary way*; but he was vomited out alive on the fourth day: consequently he was alive when he entered the stomach. Now, as he was alive when he entered the stomach, and as the stomach has no power over a living substance, it is evident he must have continued to live. Hence, when the action of vomiting was excited, and he was *thrown up* on the fourth day, he was deposited on the dry land, probably without any *other inconvenience* than *some trifling derangement of his canonicals!*"—LANCET, vol. i. p. 305.

The entire article from which this extract is taken is a *serio-burlesque* on Scripture, and is headed—in *large capitals*—as follows: "JONAH's residence in the whale's belly accounted for on physiological principles, by Dr. PEARSON!!!" One sample of his *New Testament blasphemy*, and I leave him in your hands.

EXAMPLE V.

DERISORY OF THE SAVIOUR.

"This fact will doubtless be highly acceptable to the *Saints*, as it tends to confirm by analogical induction the indisputable truth of the "loaves and fishes" miracle, *recorded elsewhere*. For if one oyster can *cram* five hundred persons even to sickening, and the *whole* of the oyster still remain untouched, we see no reason why a few thousand persons might not have their appetites satisfied by "three barley

loaves and two small fishes," and that several baskets of fragments might remain, particularly as the *size* of the baskets is not named;—in one case the whole of the oyster is left, in the other a few baskets of fragments. We feel assured that *the pious portion* of the profession will be deeply indebted to SIR ANTHONY CARLISLE for this *apt* and *corroborative* illustration of an occurrence which some of the profane 'bands of modern sceptics' have had the audacity and folly to deny."—LANCET, vol. ix. p. 693.

On passages of such a nature as this, comment would be superfluous: I shall conclude, therefore, that I have *substantiated* in the present letter—to the satisfaction equally of yourself and readers—his malignity, his impiety, and his libels. In the meantime, you may expect me shortly in this field of exposition again; for it is fertile in the only testimonies which our slippery culprit can neither contradict nor evade. They are *his own*.

But wherever we open his work, its character will be found the same: envy, misrepresentation, and hatred, are its three presiding demons. It began in *dirt*; it is finishing in *libel*. The first scene was laid in the *baths* at Camberwell; the last may be in the *Cold Bath Fields*.

I say, then, let THE LANCET look round, for he is approaching the end of his career. That "REPUTATION," about which he has latterly made such a *swagger*, and which he enjoyed only among the dregs of the public—to whose *bad passions* now, as to their filthy *curiosities* at first, he panders—is forsaking him every hour. That "INFLUENCE," which he never exercised, except over *the same outcasts*, and which he boasts so loudly to be undiminished, is crumbling beneath him even in the very lanes and alleys. The common *pest* of the profession is discovered, and the eyes of many avengers are upon him. His lies, his filth, his blasphemies, his inveteracy—all the base means and arts by which heretofore he has lived and flourished—his power of nickname, and *his deeds of darkness*,—

—“Non omnia saluum
Eripere, aut tetram quibunt arcere ruinam.”

And *deservedly*, Sir, will he perish: without any sympathy from literature—

for *that* he has disgraced; from society—for *that* he has disgusted; from the profession—for *that* he has outraged and betrayed.

CHIRON.

MEDICAL GAZETTE.

Saturday, April 12, 1828.

“Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso.”—CICERO.

LATE PROCEEDINGS IN THE BOROUGH.

WE have to apologize to our readers for so frequently alluding to the folly and falsehood of the Lancet; but the extent to which that Journal has for years imposed upon the public, renders its exposure an imperative, though an odious duty. Grown desperate by the consciousness that his reputation is fast declining, and that his boasted influence is crumbling beneath him, he exhibits a miserable and mortifying spectacle of literary delirium; alternating, fawning, or blustering, as the fit is on him, and “consistent only in his inconsistencies.” He begins his leading article of last week, by stating what has this remarkable about it—that it is true; though not precisely in the sense he intends that we should read it. He tells us that his account of Mr. Bransby Cooper’s operation of lithotomy has “excited no ordinary sensation in the minds of the public, as well as among the operator’s professional brethren.” It has, indeed: and that *sensation* has been one of deep and unqualified disgust against the author of the calumny—a disgust which has met him in such a variety of forms, and has been expressed in so many different quarters, that no effort he has been able to make has sufficed to conceal his writhings from the public eye. Little did he calculate upon the spirit

which the students have shewn on this occasion: had he but dreamt of what was to follow, he dare as soon have put his right hand in the fire as have written this last "tragedy," the denouement of which has turned out so differently from what he anticipated. But, although his last leading article is remarkable, as beginning with a truth, the effort proves too great for his inexperience, and entirely ceases in the second sentence. An attempt is made to invalidate the testimony of those gentlemen who published so speedy and mortifying a contradiction of his statement, by asserting that the letter which appeared in the "TIMES and the MORNING HERALD, was signed, *we believe*, by not more than one-third of the *young gentlemen* present."

When the *Lancet* comes to "we believe," or "no doubt," we always know what is to follow—namely, some assertion too palpably false for credulity itself to credit. The number who signed the document was 174;—therefore the *Lancet* "believes" that there were 522 pupils present at this operation. Our readers may, perhaps, remember the excellent scene in which Falstaff describes his combat with the imaginary robbers: the succession of his lies, and the circumstantial confusion of his story, are admirable. "*Four rogues, in buckram, let drive at me,*" and "*with a thought, seven of the eleven I paid.*"—Nor does the resemblance cease here, for both are equally dumb and dogged in refusing all explanation. We have taxed the *Lancet* with more lies than ever fell from the lips of the witty knight. We have said, and say again, "what trick, what device, what starting hole, canst thou now find out, to hide thee from this open and apparent shame?" But still the worthy Editor, like his prototype, is "a coward on instinct," and will not "give a reason on compulsion."

Again, we are told that, "with a generosity more characteristic of their age than of their discretion," some who were not present "volunteered their approbation of Mr. Bransby Cooper's performance."—This too is false. Those who were present are distinguished from those who were not, and the latter are expressly stated only to "bear testimony to the high professional character of the operator." But it is added, that "had they all signed it, their united opinion of the skill, dexterity, and self possession, exhibited by Mr. Bransby Cooper on this occasion, is not likely to influence the judgment of the profession, whatever it may effect with the public." So that this modest and unassuming Editor, who never performed the operation in his life, and whose writings every day betray the grossest ignorance of surgery, believes that his false and malicious statements will have more weight than the direct and positive contradiction of more than a hundred intelligent pupils, who were eyewitnesses of the whole transaction. So light, indeed, does he affect to hold their spirited and manly conduct on this occasion, that he says, "it is scarcely worth while to allude seriously to the document which has been put forth by Mr. Bransby Cooper's *select* pupils."

If it be so very trifling and absurd a document, why does the Editor betray so much soreness upon the subject?—why employ all his sophistry against it?—why does he recur to it again and again, particularly as it was only signed by the *select* pupils? And, pray, if Mr. Cooper has 174 *select* pupils, how many may he have altogether?

Let the *Lancet* look to the signs of the times—he is trusting to a rope of sand. He has always addressed himself to the general practitioners and pupils, whom he has, in some unaccountable manner, confounded; and he has insulted them by imagining that they could be im-

posed upon by trash which the rest of the profession had too much good taste, and too much principle, to relish. He is deceived: the general practitioners disown him as their champion, and the students reject him as their leader. Let him look to what happened at St. Bartholomew's, where, after weeks of preparation, and after the most direct instigations to treat with disrespect their aged and venerable teacher, they, with nobler feelings, spurned the reptile that fawned but to seduce them; at once establishing their own independence of opinion, and giving a death-blow to the boasted influence of the Lancet. Look to the document lately published by the veterinary pupils. What say the pupils of the Borough, where he has endeavoured, by the presence among them of an accredited agent, to bolster up his sinking reputation? They tell us that "it is notoriously admitted as a fact among the respectable part of the profession, that to quote from the Lancet is at all times a ground for doubting the truth of such quotation;" and that it has been raised to notoriety only "*by an epidemic madness of the times.*" Let these gentlemen consider that no man of high principle will countenance, though but indirectly, that of which he disapproves; and let them, one and all, shew the sincerity of the opinions they profess. Then, indeed, will they have conferred an obligation on their profession; and then may each boast of having contributed his own particular share towards the general good.

There is one very remarkable circumstance in the productions of this writer—we allude to the constant, and, as it appears to us, rather injudicious custom of giving himself the lie. We have recently given illustrations of this from the cases of Mr. Earle, Mr. Keate, Mr. Stanley, Mr. Brodie, and others, and we find the same figure of speech in the present instance. When we read the

account of Mr. Cooper's case, and found the words "*long and murderous operations*" coupled with it; and when we found it discussed whether the unfortunate patient lost his life, not because his case was really one of extraordinary difficulty, "*but because it was the turn of a surgeon to operate who is indebted for his elevation to the influence of a corrupt system,*"—we say, that when we read these passages, we thought it was intended, and, in fact, that it constituted a direct attack upon the capacity of the surgeon; but in doing so, we find that we were quite mistaken. Hear the same writer in a succeeding paragraph:—"We repeat, that we do not, as the case stands at present, directly and positively impugn Mr. Bransby Cooper's surgical skill!!" What does this man take his readers to be? There is not, we presume, in human nature a degree of stupidity so great as to be deceived by such gross contradictions. The only thing which the article makes quite unequivocal is, that Wakley's *instinct* is much like Falstaff's, and that he is thoroughly frightened; in consequence of which he tries partly to undo his former libel, by denying to his words their obvious meaning; and partly to intimidate Mr. Cooper, by threatening to call upon the Treasurer of Guy's Hospital to make certain *disclosures*. This is mere vapouring and bravado: no disclosures (supposing there were any to be made) could in any way alter the merits of this question, *nor is it possible that they should be admitted in evidence*. We shall see whether this bully, who would thus intimidate Mr. Cooper, will himself meet an indignant public, and defend his misdoings; or whether he will not think that "the better part of valour is discretion."

SYMPTOMS OF FEAR.

A LETTER was published, by the dressers and pupils of the Borough Hospitals, in the Times and Morning Herald news-

papers, contradicting the mis-statements in the *Lancet*, and referring to the *Medical Gazette* for the true character of that Journal. The *Lancet* gives the letter, but by an unfortunate *error of the press* (we presume), the whole of the following paragraph was omitted:—

“And lest, with those to whom the *Lancet* is only known through your pages, its mis-statements pass for truths, we refer them to No. 16 of the *Medical Gazette* for the character of that man whom a kind of epidemic madness of the times has raised to notoriety.”

In any other writer we should say this was positively dishonest; but as things must be judged of by comparison, in the *Lancet* it is a very trifling fault—merely a negative falsehood—it professes to give the letter, and only withholds that part of which it is most afraid.

MR. LAMBERT.

WE stated in our last Number that Mr. Lambert had been directed by the Surgeons of St. Thomas's Hospital to discontinue his attendance there. In despite of this, however, he has appealed to the Treasurer and President, and even ventured to intrude himself within the building, the result of which has been the issuing of instructions to the Porters to exclude him—*forcibly, if necessary*.

At Guy's, as we anticipated, a like measure has been adopted, and similar orders to the Porters have been given and *carried into effect*.

This is a useful lesson, and will, no doubt, serve as a caution to candidates for the *honourable* office of Reporter to the *Lancet*.

DISINTERMENT OF BODIES.

WE subjoin the speech of Mr. Brougham, and the charge of Mr. Baron Hullock, on a recent trial at Lancaster, of two young gentlemen who were accused, in *fourteen counts*, of being concerned in the disinterment of a body, and having it in their possession. These documents

will be found interesting, as shewing the state of the law on these points.

Many petitions have either already been sent to parliament, or are in a course of preparation; and one from the members of the Westminster Medical Society, containing the signatures of many of the most eminent practitioners at the West end of the town, is to be presented by Mr. Warburton. Our limits prevent us from enlarging upon the subject at present, but, in our next Number, we shall offer some observations upon it.

Mr. Brougham said his learned friend, the Sergeant, had seemed to anticipate, in his very temperate, judicious, and skilful statement, that he (Mr. B.) might deny that there was a law which rendered it an offence indecently to disinter a body. He meant not, however, to deny any such thing. Whilst he said that dissection was necessary for the good of the living,—that there was no other means of saving the life of man from disease and accident than by the examination of bodies after death, he did not deny that exhumation might be carried on in a way to outrage the feelings of the community. The defendants were charged with two several matters: the first, which was variously put in the first two counts of the indictment, was for a conspiracy to disinter indecently, for the purpose of bringing away a certain individual body for dissection: the second, which was contained in the last four counts, was simply for receiving, and having in their keeping, a body for the purpose of dissection, knowing that it had been unlawfully disinterred. He should endeavour to shew that there was no evidence to convict the defendants, Davies and Hall, for whom he appeared, of either of these two charges. The second, they would observe, was not the mere having a body for the purpose of dissection; he might have this lawfully: the offence was in having a body, knowing it to have been unlawfully, that is, indecently disinterred. It was an observation applying to this, in common with all charges of conspiracy, that, when it was once proved that the offence had been committed by some one, nothing was so easy as to hook in, as it were, and attach to the body of the evidence, any other person who had had any connexion with, or touching of, the subject from beginning to end. If, indeed, it had been proved that two persons

were seen going to the grave and taking the body, and that as they went, or came away, they were joined by a third person, they would naturally conclude that that person was engaged in the conspiracy. But how different was the present case! It was not pretended that the gentlemen for whom he appeared had ever had the slightest connexion with the persons who went to Hill Cliff. If a person had goods in his possession which he could not account for, and which had been stolen, the inference was strong that he had received them, knowing them to be stolen: but he should shew that no such inference arose, or could arise, in the present case, from the particular nature of the traffic. They had evidence from the prosecutor himself, (for Dr. Moss was subpœnaed for the prosecution,) that the common way in which bodies were obtained for dissection was by purchasing them from unknown persons, or without the knowledge of the surgeon as to where the bodies came from. And be it remembered, that, without dissection, anatomical and surgical studies could not be carried on; that young men carried on these studies in the course of their surgical education; that professorships of anatomy had been established by the Crown in our Universities; that those professorships were useless without dissection, and that dissection could not be carried on without a supply of dead bodies. The mere having of bodies, therefore, for the purposes of dissection, was not only lawful, but positively encouraged by law. But the way in which bodies were commonly obtained, was, that a resurrection-man, as those men were called, who procured bodies, no matter how, either by disinterment or by importing them from abroad, came to the surgeons, offering a body for sale, and that the body was purchased, bought, and paid for, without the surgeon knowing any thing of the manner in which it was got. This being the case, the inference usually arising from the possession of other kinds of property, was at an end. This fact was of the utmost importance, and on this he would be content to rest the case, for the question was neither more nor less than whether a surgeon should ever, henceforth, be allowed to dissect a subject, or whether surgical science should be acquired. The question, therefore,

was, whether there was any thing in the evidence to shew that Davies and Hall had not been as ignorant of the way in which this particular body had been obtained, as Dr. Moss was; or whether their own account of the purchase of the body, from a man unknown to them, for four guineas, was not the true one. The account which Hall gave before the magistrates, and which Davies gave to Dr. Moss, perfectly concurred; they both stated that the body was to be brought by a person unknown to them. There was, therefore, an entire disconnexion between the fact of the disinterment and the having the body. The practice of dissection was never, even in the most barbarous periods of the history of this country, considered illegal. There was, indeed, a law passed in the reign of James I., of sapient and sacred memory, against having bodies for purposes of witchcraft; and the same statute prohibited a dealing with unclean spirits (*laughter*); but this indictment was for the disinterment of a body indecently, and for receiving it, knowing it to be so disinterred. Under any other circumstances, it was not unlawful to have a body for the purpose of dissection; and there was not a tittle of evidence to convict his clients of having obtained the body by unlawful means. If the jury should go so far as to say, under the second charge, that if he took a body into his possession, and dissected upon it, without knowing any thing of the manner in which it was obtained, he was therefore guilty of an offence, let their verdict plainly say so, and let all the frightful consequences follow. But they would say no such thing. Dissection was encouraged, nay, patronized by the law. The body might have been brought from abroad, for any thing the defendants knew: it might have come from a country like France, where surgeons had a right to dissect bodies of persons who died in certain circumstances; or from a country where the bodies of galley slaves were given for dissection, as in the South of Europe, and indeed in France; or from Ireland, whence bodies are constantly imported into this country. The more strongly the disinterment of bodies was prohibited by law in this country, the more he was bound to presume that any body found in a dissecting-room was lawfully obtained. The young men, his clients,

were students in surgery—decent, attentive, diligent young men, following the necessary studies of their professions; and with characters such as they had heard from the witnesses for the prosecution, was it to be presumed that such persons had obtained a subject in an unlawful manner? With these observations he submitted the case to the jury, confidently trusting to their good sense and sagacity in sifting the evidence under these two distinct heads of charge; and he confidently looked to their sound, manly, good sense to guard them from such a decision as mere uncontrouled feelings might be calculated to produce.

Mr. Baron Hullock, in charging the jury, said, that to prove a conspiracy, it was not necessary that all the parties should be shown to have been together, but if, from all the circumstances of their conduct, it was to be presumed that there must have been a previous concert, that would be enough to establish the charge. But as a conspiracy was an offence of serious magnitude, they should be satisfied, before finding a verdict of guilty on the former part of the indictment, that the conduct of the defendants was the result of previous concert. There was no evidence against Ashton, who must, therefore, be acquitted. As to Box, the evidence was very slight. If they thought the rest, or any of them, were in possession of the body under circumstances which must have apprised them that it was improperly disinterred, the jury would find them guilty of the latter part of the charge. Blundell's being a stationer did not relieve him from suspicion, for his brother was in the Dispensary. The only bodies legally liable to dissection in this country, were those of persons executed for murder. However necessary it might be, for the purposes of humanity and science, that these things should be done, yet, as long as the law remained as it was at present, the disinterment of bodies for dissection was an offence liable to punishment. The amount of that punishment must always depend on the circumstances of the case. The only evidence against Hall was his own account given to the Magistrates; they would judge whether that clearly showed him to have had a guilty knowledge of the way in which the body had been obtained.

The jury deliberated for a few mi-

nutes, and then pronounced Davies and Blundell *Guilty* on the four last counts, which charged a possession of the body, with knowledge of the illegal disinterment; and *Not Guilty* of the charge of conspiracy.

MIS-STATEMENTS OF THE LANCET.

ROYAL WESTMINSTER INFIRMARY FOR DISEASES OF THE EYE.

Wednesday, 2d April, 1828.

At an adjourned special meeting held this day, present—

Lord GRANTHAM in the Chair,

and sixteen vice-presidents and members of the committee, the following paragraph, dated 8th March, p. 834, from the *Lancet*, was submitted to the committee:—

“ Thus the hour of visit on Saturday the 26th May, the day on which the paragraph appeared in the *Lancet*, was 10 o'clock; but Saturday the 2d June, the day on which Mr. Guthrie's letter of reply was published, the hours had been changed to half-past eleven for Dr. Forbes, and to half-past twelve for Mr. Guthrie.”

The committee having called in several witnesses, and examined such papers as could throw light upon the subject, resolved, that the statement “ that a change in the hours of attendance, from 10 o'clock to half-past 11, took place between the 26th May and 2d June, 1827, IS FALSE.” A change of hour had taken place in January 1827, which was duly made known by written notices placed in the public waiting-room, and by verbal announcement to the pupils and patients as far as it was practicable.

The following paragraph, page 835, of the same publication, was also submitted to the committee:—

“ This person, who was the house pupil on the 26th May, on the morning when the paragraph in the *Lancet* appeared, is for the first time denominated house surgeon by Mr. Guthrie, in his letter of the same date.”—*Note by Dr. F.*

It appears to the committee, that this statement IS ALSO FALSE. A written certificate, granted to Mr. Dunn, as far back as 20th March, 1824, signed by Dr.

Forbes and Mr. Guthrie, the medical officers of the institution, entitles him house-surgeon. And the gentleman, who was resident in the house in May 1827, had always been considered and called house-surgeon by the pupils and others attending the institution.

Copy of the certificate to Mr. Dunn :

*Royal Westminster Infirmary for
Diseases of the Eye.*

20th March, 1824.

WE certify, that Mr. Henry Dunn has diligently attended the practice operations and lectures of this institution, for six months, as the house-surgeon.

(Signed) CHAS. F. FORBES, Physician.
GEO. JAS. GUTHRIE, Surg.

(Signed) GRANTHAM,
(Chairman.)

HOSPITAL REPORTS.

HOTEL DIEU.

Strangulated Hernia in an Infant twenty Days old.—Operation.

Treated by M. Dupuytren.

ON the 14th of March, a male child, twenty days old, was admitted, presenting all the symptoms of a strangulated hernia: a shining and painful tumor in the bend of the right groin, descending to the scrotum, nausea, hiccough, stercoraceous vomiting, but not a complete suppression of stools. Leeches were applied, the infant was put into the warm bath, without success; the mother declared that this condition had lasted for three days. M. Sanson, who caused the child to be brought to the hospital, had no doubt of the existence of a hernia. M. Dupuytren examined the case with great care: the taxis caused a portion of the tumor to re-enter, which reappeared the moment the compression of the fingers was removed: uncertain as to the line of conduct that ought to be pursued, M. Dupuytren caused the infant to be taken to the amphitheatre, and proceeded to a fresh examination of the parts, preceding it by some general considerations, of which the following is a summary.

Inguinal hernias, according to the professor, are not very uncommon at this age,

and even in female children the proportion of these hernias is greater than of crural, which he thinks may be attributed to the want of development in the pelvis; but what may be considered as very rare at so tender an age, is a strangulation so marked as to call for an operation. The present is the only instance of the sort which M. Dupuytren has met with in so young a subject; the testicle appeared to have descended into the scrotum; it is situated at the lower and posterior part of the tumor, which at its lowest part appears to contain a fluid, which extends along the chord, as far as the superior part of the inguinal canal, which it entirely fills.

Some cases, in which, from the symptoms, the existence of a strangulated hernia has been suspected, and in which the operation has proved the mistake of the surgeon, must be taken into consideration; three or four times a swelling of the chord has imposed upon the operator; lately, indeed, the professor, was called upon by M. Husson to visit a female in one of the wards of this hospital, who suffered from the symptoms of strangulated hernia, and who had in her right groin a voluminous tumor, in which M. Husson believed that he discovered a fluctuation, and which he thought to be an abscess: M. Dupuytren being of the same opinion, opened the tumor; an enormous quantity of pus escaped, and the apparent symptoms of strangulation disappeared. In the case at present under consideration, the strangulation, if it exists, is made by the neck of the sac, and the intestine must have escaped at the moment that the testicle passed through the ring, and carried with it a portion of the peritoneum forming the tunica vaginalis. After a moment's hesitation, M. Dupuytren decided upon operating, this appearing to afford the only chance of cure, and not being likely, in the event of a mistake, to aggravate the infant's state. But before he did any thing to the upper part of the tumor, he proposed to make an incision in the lower portion, opposite to the spot where he felt the fluctuation: the tumor once opened, if the intestine was found, it would not be difficult to prolong the incision, and disentangle it.

This incision was made, and gave issue to a quantity of serum; the testicle appeared bare, known by its white colour; a knot of intestine appeared

above; its brownish colour contrasted with the white of the testicle, and left no doubt as to its nature: the incision was then prolonged upwards, and the whole tumor laid open; the intestine was kept down by the fingers, and the division of the stricture made with a blunt-pointed bistoury directly upwards. But here an unexpected difficulty presented itself: the infant continued to cry incessantly, and thus to contract its abdominal muscles; and it became impossible to reduce the intestine, which even escaped in greater quantity. The difficulties in reducing the intestine, the necessity of renewing the attempt several times, the small extent of the parts, and the muscular contractions of the child, rendered this operation long and painful. Before and during the operation, the child had several abundant stools.

After the operation, the fœcal evacuations became perfectly re-established---there were no longer hiccough, tension, vomiting, nor pains in the abdomen; but, whether the first dressing was made without due care, or whether the necessity of retaining the parts within the abdomen, induced the operator to tighten the bandage too much at the upper part, to the neglect of the lower, we know not, but when the dressing was removed the testicle was found outside of the wound: the house-surgeon could not replace it; it had contracted adhesions which M. Breschet would have destroyed, but an erysipelas had developed itself round the wound, upon the thighs, legs, and loins. M. Breschet enquired whether straps of adhesive plaister had been applied, to which the erysipelas might well have been attributed---but they had not; and therefore it became a question to what it was owing. It appears probable, that inflammation was produced by the compression of the testicle: its appearance out of the wound, its contact with the external air, and the dressings, might have contributed to it: had that been the case, perhaps it would have been right to have destroyed these adhesions at once, and to have reduced it directly, in spite of the inflammation to which its protrusion had given birth, and which tended to support it: however this might be, leeches, emollients, and two blisters to the legs, diminished the erysipelas, and induce a hope of the fortunate termination of the case.

Erectile Tumors in an Infant eight months old.

At No. 31, in the ward of St. John, a young child of the above age was admitted on the 3d of March, which is affected with a growth of capillary vessels, called by M. Dupuytren *erectile tissue*, on account of its resemblance to the corpora cavernosa of the penis. M. Dupuytren distinguishes two kinds of erectile tissue, one natural, the other accidental; the natural is found in man in the corpora cavernosa---in the female in the nipples and the clitoris; with both sexes in the hips. Certain classes of animals present them even in a stronger degree: thus they exist in the crests of the gallinaceæ, in some species of monkeys, at the tuberosities of the ischium, &c. The property of this tissue is to become diminished and whiter by compression, reacquiring its red colour and its projection when the pressure is removed.

The child above spoken of has, on its thigh, a patch of an inch and a half in diameter in each direction, projecting about two lines above the level of the skin. This patch is of a violet red, and unequal surface; it gives way and loses its colour by pressure, and afterwards rises by alternate movements. Besides this, the tumor in this child presents a remarkable peculiarity: towards its centre there are fissures and ulcerations, but no hæmorrhage has ensued in consequence; a similar tumor exists on the sole of the foot, towards its internal edge and the anterior part of the metatarsus, round the base of the first and third toes. This tumor also exhibits fissures and ulcerations, but no hæmorrhage. I particularly notice this, says M. Dupuytren,---these tumors, formed by the development of the capillary arteries, sustained by a thin fibrous texture, are so subject to hæmorrhage, and these hæmorrhages are so much to be feared, that authors recommend us not to attempt any operation, unless they can be removed entirely. If these form an exception to this rule, and afford no bleeding, although ulcerated, this arises from their being not entirely erectile; that their hardened and callous tissue is degenerated in many points; in a word, that a scrofulous or cancerous affection is combined in this disease. The English, who have given this affection the generic name of

fungus hæmatodes*, have not made this distinction; they have not divided it into pure erectile tissue, or complicated it with scrofulous or cancerous degeneracy. This infant had none of the characters of scrofula; the edges of the ulcerations were even, hard, greyish, and of a cancerous appearance. It is well known that infants are nearly as much subject to cancer as adults; with the former, however, it attacks different parts: the eye, for example, is one of the parts most frequently attacked, at the age of three, four, five, or six years. Every thing, therefore, induced M. Dupuytren to think that a cancerous affection exists in this infant. M. Marjolin questioned him as to the propriety of performing an operation in this case, if the tumor on the foot existed by itself. He (M. Dupuytren) would not have hesitated in performing partial amputation of the foot, but the tumor of the thigh would probably have required the removal of that part, and contra-indicates the first operation. Two cauterizations have been subsequently made with nitrate of mercury, dissolved in an excess of nitric acid: the eschars fell off, but the wounds still continue to retain the same aspect. The pains they occasion appear to be very acute, but not continued.

ST. THOMAS'S HOSPITAL.

Case of Disease of the Heart.

Treated by Dr. Addison.

THOMAS BENSON, æt. 28: admitted, Feb. 27, 1828, in the Clinical Ward, Guy's Hospital. He was somewhat emaciated; cuticular surface almost bloodless; complained of severe palpitations of the heart, increased by any exertion; some tenderness in the cardiac region. His countenance anxious; somewhat puffy; lips livid; carotids beating violently. No pain in the head; urgent dyspnœa; inability to assume the recumbent posture, from a sense of suffocation; cough, with some serous expectoration; generally sleeps several hours at night, but frequently starts and wakes suddenly; pulse 150, very irregular, both as regards force and frequency, being for a few beats full, hard, and firm, then small and flutter-

ing; imperfect fluctuation in the abdomen; some œdema of legs; urine scanty.

Percussion afforded a dull sound over a large præcordial space; every other part of the chest sonorous.

Auscultation.—Very great impulsion both at the left mamma and at the bottom of the sternum; increased impulsion also in the situation of the auricles; over the whole cardiac region its action found very hurried, irregular, and confused. It was scarcely possible to distinguish (till after a long examination) the auricular from the ventricular contractions; but in doing so, no bruit* could be detected. The sound dull, deep, and diffused, and heard over the whole chest anteriorly; every part of the lungs permeable.

It appears that 14 years ago he had an attack of acute rheumatism, at the subsidence of which palpitations came on, and have ever since, more or less, continued, but during the last six months have so much increased that he has been unable to follow his usual employment (that of a currier). He has been four or five times bled *very* copiously, (having within the last six weeks lost about a gallon.) Bleeding always affords some relief for a short time, but the palpitation then returns with increased violence. Œdema of leg began three weeks ago. He was ordered small doses of digitalis and squills, and for a short time appeared somewhat relieved: the palpitations were not so violent, and he was enabled to lie down; but after a few days the symptoms became more and more severe—the dropsy in particular increasing; the lower extremities becoming infiltrated to a considerable extent; the abdomen swollen to a large size, and fluctuating; the dyspnœa becoming more urgent, with sense of suffocation on assuming the recumbent position, and constantly requiring him to be kept considerably raised. In a month from his admission he *died*.

Sectio Cadaveris.—Some serous effusion into both pleural cavities, which Dr. Hodgkin (who conducted the examination) considered as recent. The heart was of an enormous size, and the pericardium firmly and closely adherent

* We beg to observe that the English do no such thing.

* This was the opinion of the writer: it is, however, but just to add, that Dr. Addison said at the time, that, at the auricular contractions, he could distinguish the bruit de soufflet, and, from the post mortem appearances, we may conclude his opinion was probably correct.

to its whole surface, by (apparently) very old adhesions. The heart was found to be principally enlarged on the left side, there being hypertrophy and dilatation of the left ventricle to a considerable extent, *the walls being about an inch in thickness, and the cavity capable of containing a large orange.* The *carneæ columnæ* of considerable size. The right ventricle nearly natural. The left auricle considerably dilated; the walls somewhat thickened. The right slightly dilated. There was considerable ossific deposition on the mitral valve, extending completely round the tendinous curtain, but more particularly at the posterior part, where the bone was three or four lines in thickness, so as materially to obstruct the auricular ventricular opening. The tricuspid valve healthy. The loose edges of the aortal valves curled up (if we may be permitted the expression), and thickened, so as to leave, when placed in situ, an opening in the centre, by which fluid would freely pass from the aorta to the ventricle.

ST. GEORGE'S HOSPITAL.

Anomalous Disease of the Testicle and Mamma.

THE obscurity which hangs over the various diseases to which the testicle is subject, is so universally acknowledged, that it has been recommended, on high authority, to plunge a lancet or trocar into the swelling, in order to ascertain whether its contents be fluid or not. In our elementary works, we have descriptions of hydrocele and hæmatocele, of the acute and chronic inflammation of the testicle, of the hydatid and medullary, or fungous disease; and, which is comparatively rare, of the true schirrous affection. There is, however, a disease which attacks both the testicle and the mamma, which is neither schirrous, medullary sarcoma, nor hydatid, but a combination, sometimes of all the three, sometimes only of the two former. This is by no means uncommon, and as far as we know, it is not described in books, but it is particularly mentioned by Mr. Brodie in his Surgical Lectures. We shall give two examples of the disease, in one of which the female breast was the organ affected, and in the other the testicle: in both amputation was performed.

CASE I.*—Ann Dale, æt. 75, was admitted, April 18th, 1827, under the care of Mr. Brodie, with disease of the left breast, of which she gave the following account. Six years ago she noticed two small tumors in the axilla, and in a few weeks there followed a swelling in the breast, which was attended with very slight pain, but at times a little thin, bloody discharge, oozed from the nipple. The swelling proceeded slowly and with little inconvenience, save that, occasionally, it became red and painful, with slight hæmorrhage from the nipple. She applied to several surgeons, Sir Astley Cooper amongst the rest, and all concurred in advising an operation. On admission, the left breast was as large as a full-grown melon, the enlargement being evidently in the gland itself, and moveable upon the pectoral muscle; whilst a hard knotty *process* extended into the axilla, to all appearance an induration of one or more of the lymphatic glands. The tumor was irregular on its surface, having in parts a schirrous hardness; in parts, a doughy feel, not exactly that of fluid; it was extremely heavy; not very painful on pressure, in fact almost unattended with pain at any time: the cutaneous veins were full and tortuous, and in the situation of the nipple a livid-looking fungus projected, discharging a small quantity of unhealthy pus.

On the 19th of July the breast was removed, and on examination of the tumor, which weighed several pounds, it was found to be, as had been predicted by Mr. Brodie, neither true schirrus nor fungus hæmatodes, but composed of a yellowish, jelly-like substance, contained in small cysts or compartments, formed by membranous bands or septa, intersecting each other in all directions. In the centre of the tumor was a small cyst containing serum. In the latter end of the autumn the woman left the hospital cured, as far as the breast was concerned, although she laboured under symptoms resembling angina pectoris. We saw her a week or two ago, and there was no return of the disease.

CASE II.—W. Westbrook, æt. 27, a labourer, from the neighbourhood of Hounslow, was admitted, Feb. 27th,

* This case was detailed fully in No. 15, New Series, of the Med. Chirurg. Review; we shall, therefore, only give a brief notice of it here.

1828, under the care of Mr. Rose, with an enlargement of the left testicle.

He stated, that about two years previously he received some strain or injury in the left testicle, which for a week or ten days gave him much inconvenience. On the 23d December last, after a hard day's work, he felt very severe pain in the same testicle, and found some swelling, for which he applied to a "doctor," who bled him in the arm, and ordered him to apply some leeches. After keeping quiet for a fortnight, at the end of which time the pain had quite left him, and the swelling in a great measure disappeared, he went to work; but in a few days was again obliged to give it up, in consequence of the return of both the swelling and pain. From that moment up to the time of his admission he had been incapacitated from any regular employment, and his health was beginning to suffer.

On looking at the scrotum it was found to be occupied by a pretty uniform tumor, about the size of a small melon, but more ovoid in figure. Generally speaking, the tumor was hard and unyielding; but at its upper and anterior part there was a distinct projection, which was partly moveable, and around there was a degree of softness and *bogginess*, though not exactly a sense of fluctuation. The tumor was heavy: there was no particular sensation on the *testicle* being touched in one part more than in another: there was little pain on pressure, or indeed at any time: the veins of the scrotum were distended, and the cord appeared to be enlarged for some little distance along the inguinal canal. On looking for the *right* testicle it was not forthcoming; in fact it had never descended, but was safely housed beneath the tendon of the external oblique. There was a good deal of pain in the loins, particularly on lying down, and at nights; the bowels were costive: the health tolerable: but in spite of his face "embrowned by healthful toil," the man did not *look* well. He was cupped, and leeches applied in succession to the scrotum, with the effect of relieving the pain in the loins. He was then ordered five grains of blue pill three times a-day, with compound powder of jalap, to keep the bowels open, and the occasional application of leeches to the part.

On the 14th March, the system being

fairly under the influence of mercury, the pills were discontinued, and he was ordered carbonate of ammonia in camphor mixture. At this time the tumor had not in the slightest degree decreased in size, rather the reverse; but the poor fellow's appearance was cadaverous in the extreme; for he was emaciated, nervous, and his general system reduced by the mercurial influence.

On the 16th he was put upon Spt. Ammon. Aromat. ʒij. Dec. Sarsæ ʒxxiv. M. bibat ʒviij. quot. Pil. Hyd. Sub. Comp. grs. v. O. N. Adhib. Ung. Hyd. c. Camph. Scroto. Diæta media.

On the 26th these medicines were omitted, and his health having rallied, the amputation of the testicle was performed on the 27th. The steps of the operation we need not describe, but we may mention that the cord, at least so we understood Mr. Rose, was in no degree enlarged. On making a section of the testicle, it was found to be principally made up of the yellowish medullary matter, intersected by portions of a schirrous structure, and having on its surface several cysts containing serum, and resembling what are commonly described as hydatid cysts. Here and there, in the substance of the tumor, were seen specks of the yellow cheesy matter which prevails, in what Sir Astley Cooper terms the simple chronic enlargement of the testicle, and to which Mr. Brodie has given the term of the "yellow tubercular disease." From the upper part of the tumor a process extended up within the outer ring, covering the cord, and counterfeiting, before the operation, enlargement of that part.

The patient had rather unfavourable symptoms for the first 48 hours, and much tenderness in the course of the cord; but at present he appears to be doing well.

We hope we shall be excused for detailing these cases so minutely as we have done; as they appear to us particularly uninteresting. The symptoms of this affection, as far as we have seen, are—the tumor of considerable size, heavy, irregular on its surface, or, rather, in its consistence, being in some parts as hard as schirrus, in others having a peculiar doughy or boggy feel, but not the springiness and elasticity of distinct fluctuation. There is little pain even on rough handling, and the disease is for the most part indolent. Mr. Brodie, who has seen many cases of this

affection in the *breast*, and removed many, is of opinion that if left to itself, it would go on to the destruction of the patient, and so far it is malignant. There are, however, several grades of malignancy in tumors, and Mr. B. believes that this disease is not, like schirrus, prone to fall upon another organ, after the breast affected with it has been removed; at any rate Mr. Brodie has removed several such breasts, and the patients have survived for several years afterwards, without any return of the disease.

EXTRACTS FROM JOURNALS, *Foreign and Domestic.*

COPAIVA WITHOUT SMELL OR TASTE.

M. SALLE, of Paris, has succeeded in the desirable object of freeing this valuable remedy from its nauseous odour and taste, while he preserves all its beneficial qualities. He obtains by his mode of treating the balsam, a soft, inodorous, and almost insipid mass, which may be taken freely without disgusting the patient.

CASE OF IMPERFORATED VAGINA.

THE following interesting case was lately presented to the Royal Academy of Medicine by M. Hervey de Chegoin. A young lady, who had enjoyed good health until she was 14 years of age, was attacked, at a ball, with very violent colic. A copious discharge of blood from the nose was followed by immediate relief. The attacks of colic afterwards returned, at first every month, then every fortnight, and at length every day, accompanied by symptoms of hysteria. Opium and other antispasmodics were prescribed without any beneficial effect. Some mal-formation was now suspected, and an accurate examination of the genital organs was therefore made by M. Villiaume. The abdomen was as large as at the sixth month of pregnancy. The external organs of generation were naturally formed: the hymen existed, but there was no vagina. A finger was introduced into the rectum, and in the ordinary situation of the vagina nothing but a dense cellular substance could be detected.

At 16 years of age the young patient appeared to be in a hopeless condition. A sound was now introduced into the bladder, and held by an assistant. The rectum was at the same time depressed by a finger introduced per anum, and M. Villiaume made an incision through the hymen, of about eight or ten lines in length: carefully avoiding the urethra and rectum, he penetrated to the depth of about two inches, and then found his instrument in an open space; no discharge, however, followed. M. V. detected the body of the uterus much distended, and leaning towards the right side: he endeavoured to place the womb in its natural situation, but as he could not succeed, he plunged an instrument into it, and made a free puncture. A small quantity of thick, inodorous blood escaped. The patient was shortly put into a warm bath, and a very copious discharge passed through the wound in the uterus. A pledget of lint was introduced, and, to prevent an attack of inflammation, leeches were freely applied to the hypogastric region. The patient suffered much pain until an abundant discharge of fetid blood took place. From this time she gradually improved in health, and in about a month the artificial canal was healed. By the use of a gum elastic bougie, it was made large enough to admit a little finger. Two years have elapsed since the operation. The patient continues well, excepting that at the menstrual periods she suffers pain. It is said that this is the only operation of a similar nature which has been successful.—*Archives General.*

ASSAFŒTIDA IN HOOPING COUGH.

M. KOPP asserts that he has derived much advantage from the use of this remedy in whooping cough. He observes that it is not so disgusting to children as might be imagined. He prescribes it in the following form:—

Rx Assafœtidæ ʒi.

Muc. Acaciæ.

Syrupi ——— a.a. ʒi. M.

A child of four years old is to take a small spoonful every two hours. The use of this remedy requires to be continued for some time. M. Kopp does not place much reliance in Prussic acid, which has been so much vaunted in this disease.—*Hufeland's Journ.*

HYDROPHOBIA.

A MAN was bitten by his dog, in his endeavours to prevent the animal from fighting. The wound was inflicted on the calf of the leg, and was so very slight, that it was perfectly healed on the third day. The fears of the man were much excited, as the dog left the house, and could not be found. So strongly was he impressed with all the horrors of hydrophobia, that for four days he laboured under all the ordinary symptoms of this dreadful disease. He could neither swallow liquids nor solids, and had several violent paroxysms of mania. On the ninth day after the accident the dog returned, and from the appearance of the animal, it was very evident that he was free from any disease. From that moment the hydrophobic symptoms ceased, and the man remained perfectly well.—*Giornale di Fisica*.

DISEASES OF THE HEART CAUSED BY ONANISM.

DR. KRIMER, of Aach, has lately published an interesting paper on this subject. Our own experience has furnished us with several opportunities of seeing cases of the kind he describes; and as the subject has not hitherto been particularly discussed, we shall give the leading points of his communication. Dr. K. is of opinion that diseases of the heart, which have increased so much within the last twenty years, do not always depend upon organic alteration, but are very frequently produced by the baneful and lamentably frequent practice of the vice of onanism. Headaches, great anxiety, palpitations, faintness, an oppression and unusual sensibility in the epigastric region, are the first symptoms produced. They increase in severity in proportion as the subject gives way to the gratification of his unnatural propensity, and quickly diminish, or cease altogether, if he abandons it. To support his opinions, M. K. states many cases. He enumerates the following symptoms as pathognomonic of such affections of the heart; by an attention to which, the practitioner will be enabled to distinguish the train of symptoms from other diseases which are not unfrequently suspected.

1. The hair loses its natural brilliancy, is remarkably dry, and frequently splits at the extremities. It falls off easily and in large quantities, especially from the fore part of the head. In persons affected with consumption, or organic disease of the heart, the hairs appear well nourished, and rarely fall off.

2. The eyes are dull, downcast, frequently full of tears, and without expression, and deeply sunken in their orbits. The edges of the eyelids are reddish, and surrounded by a bluish tint. In plithisical patients, and those with organic disease of the heart, the eyes are brilliant, and always preserve their natural expression and vivacity. In young females, at the approach of menstruation, a blue circle is commonly observed around the eyes, but here also their brilliancy is undiminished.

3. The patient appears very timid, and unwilling to look other people in the face.

4. Periodical headache is common, extending from the occiput towards the forehead.

5. The power of sight is diminished; the appetite is lost; the tongue is usually loaded. A slight cough, short and difficult respiration, are generally present; but still the patient can draw a deep inspiration.

6. Pains in the stomach, with weight and pressure in the epigastric region. Patients with organic diseases of the heart have occasionally these symptoms, but in such cases, they are not accompanied by those above enumerated.

7. A general feeling of lassitude, and feebleness of the limbs, with pains in the lower part of the back. We would add also, that pain and throbbing of the testicles, with uneasy sensations shooting up the spermatic cord, are frequently complained of.

8. The perspiration has a dull and sweetish odour, similar to that of infants at the breast.

9. If the vice of onanism be touched upon in conversation, the agitation and embarrassment of the patient invariably betray him.

10. If the practice be continued, the mind is at length enfeebled, the patient is incapable of mental or bodily exertion, and sinks into a state of somnolency.—*Hufeland's Journ.*

CRITICAL PLICA POLONICA.

A WOMAN had, for ten weeks, been affected with very violent headache. The head perspired abundantly, and was covered with lice, although the patient was very cleanly in her habits. At length the disease termed plica polonica was completely formed, and the headache disappeared. In leaving her bed, she happened to place her naked feet upon the floor. Shivering succeeded, followed by furious mania. The muscular powers were considerably increased; the eyes fierce, with turgid conjunctivæ; the pulse was hard and full. Free bleeding was had recourse to; the head was rubbed with soapy and aromatic embrocations; blisters were laid upon the neck, and sinapisms applied to the feet. Two grains of calomel were also given every two hours. During the first two days of this treatment, the symptoms were somewhat abated. On the third day, the bowels were very freely opened, and diarrhœa was established. Eighty-five grains of calomel had been administered. She was now directed to take the liq. ammon. succin. every two hours. Profuse perspiration was again produced upon the head, and a fresh stock of vermin appeared. From this time the delirium and headache ceased. The patient has subsequently remained in good health. —*Hufeland's Journal*.

A WHITE MONKEY.

A LETTER, dated Ramri, 15th of April, 1827, states, that a monkey has been caught entirely white; the hair on the body of this animal was white, curled, and as soft as silk. It is regarded as very rare, and has excited the admiration of the Hindoos: they say that only one like it has ever been seen, and that the King of Ava sent a golden cage to receive it. It was escorted by a troop of men to the capital: the king spent more than 20,000 rupees in sacrifices and public rejoicings, hoping that the arrival of this extraordinary stranger was a presage of good fortune. The ape of Ramri was unfortunately taken too young. A Birman woman, who was suckling her child, offered her breast for the monkey, and divided her attention between her two sucklings; but at the end of seven days the monkey died. —*India Gazette*.

ACADEMIE ROYALE DE MEDECINE,
PARIS.

THE prize question for 1829 is—"To shew by cases, experiments, and argument, the best mode of treating wounds of the articulations." For 1830, the following subject is given:—"When the existence of one or more calculi in the bladder requires surgical assistance, to determine by cases, authenticated experiments, and argument, the most appropriate operation, according to the nature of the case."

SOCIETE DES SCIENCES MEDICALES ET
NATURELLES DE BRUXELLES.

THE following prize questions have been proposed by this Society for the present year. Memoirs must be addressed, free of expense, before Jan. 1, 1829, to M. P. L. Vandew Linden, at Brussels, Rue de la Braie, No. 1300:—

1st. To analyze the facts and theories which have induced physicians to apply irritating agents externally, for the relief of internal diseases.

2d. To determine, by the mode of action of the agents thus applied, the most satisfactory theory.

3d. To point out, from observation, under what particular conditions of disease their use is indicated, and the kind of irritant that should be preferred.

PROCEEDINGS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

March 31st, 1828.

VARIOUS cases were mentioned, and some desultory discussion followed.

April 7th, 1828.

The Society was engaged, at the beginning of the evening, in the consideration of a peculiar condition of the placenta described by Mr. Proctor. In a labour he had lately attended, he had found the placenta to be in a soft, yielding, or "rotten" state; so that the hand passed readily through it. The labour was characterized by an "immense hæmorrhage," and by the hour-glass contraction of the uterus. Some observations followed on these subjects; after which, hysteria came under consideration.

Mr. Lloyd was disposed to attribute

severe hysteric symptoms to cerebral and spinal irritation. In several severe cases of this description, pressure on the carotid arteries had procured a subsidence of the symptoms. In several cases of hysteria of the severest kind, he had seen effusion into the brain and medulla spinalis.

The President, after remarking that Sydenham prescribed blood-letting in hysteria, stated, that during 30 years experience, he had never known the subjects of mania to be affected by the symptoms of hysteria, although all the circumstances likely to excite them had been present. As soon, however, as the maniacal symptoms had passed away, the patients were just as liable to the attacks of hysteria as other individuals.

Dr. Shearman could not coincide with Mr. Lloyd in his pathology of hysteria. Post mortem examinations in a disease so evanescent as hysteria, were not to be looked for; the beneficial effects of antispasmodics and stimulants, were opposed to Mr. Lloyd's theory of cerebral disturbance.

WESTMINSTER MEDICAL SOCIETY.

March 29, 1828.

THE subject of burns and scalds was brought forward by Mr. Bingham, who recommended the free use of stimulants both internally and externally.

April 5.

Dr. Epps made some observations on mania, with a view of shewing it to be always dependent upon organic disease of the brain; and farther, that the different forms of monomania were dependent upon the disease of the particular portions of the encephalon allotted to the function which was deranged. As an illustration of this doctrine, he instanced Satyriasis and Nymphomania, as dependent upon the cerëbellum. He looked upon the practice adopted in the retreat at York, as the most successful, consisting in calling into activity some other mental faculty; which we understood him to say, was exercising another part of the brain, and therefore giving rest to that on which the mania depended. These views were warmly contested by Mr. Bennett,

Dr. Ley, and others. The subject is to be renewed next evening.

At the close of the meeting, petitions to both Houses of Parliament were read, praying for redress of the existing difficulties in pursuing anatomical studies, from the scarcity of subjects.

NOTICES.

We will thank any of our Correspondents who are acquainted with the circumstances, to inform us whether it be true *that the short-hand writer who reported Mr. Abernethy's Lectures for the Lancet (a non-professional man), has been admitted by Mr. Lawrence as a surgical pupil at St. Bartholomew's?*

We dislike publishing anonymous cases, on which account we have declined inserting several which have been transmitted to us.

The paper on the University of Edinburgh is under consideration.

The letter of "Candidus" cannot be inserted—it contains an attack on private character.

We conceive it unnecessary to insert the letter signed "A London Hospital Pupil," because we doubt not that, as he himself states, "the illiberal and unfeeling remarks on Mr. Luke (contained in a letter recently published in the Lancet) were such as to excite the indignation and disgust of by far the greater part of the class." Under these circumstances, and considering the present declining state of the Lancet, we conceive any further notice of the matter would be superfluous.

We have mislaid what Mr. T. asks for, but shall forward it as soon as we can. Our only reason for not publishing it was, that we thought the other rather better.

A "Stethoscopist" is respectfully informed, that we received his letter, and that of a "Stethoscoper," both at the same time, and inserted the latter, thinking it advocated the cause of the Stethoscope more powerfully. We may have been wrong in this; but it was not intended as any slight to "Stethoscopist."

We are requested to convey a challenge to "One of the Old School." If he inquires at St Thomas's Hospital for "Adolescens," he will meet with one who will contend with him in the way he proposes, and on the ground of Diagnosis.

Communications have been received from "Mr. Cooke"—"Mr. Broughton"—and "Dr. Gregory."

ERRATUM.

In our last number, page 542, for "dementet," read "dementat."

THE LONDON MEDICAL GAZETTE,

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No. 20.]

SATURDAY, APRIL 19, 1828.

[Vol. I.]

THE MANAGEMENT OF CHILDREN FROM THE BIRTH,

In England, and particularly in London.

From an Original MS. of DR. WILLIAM
HUNTER.

[Continued from page 528.]

DISEASES OF CHILDREN.

1. *Imperfections with which Children are sometimes born.*

MARKS, as they are called, are parts of the skin, small in some, in others very extensive; of an unnatural colour, viz. red, brown, or almost black; generally in time covered with a good deal of long soft hair, but often not; and the surface of the skin very often uneven. The cause of them is not known; but it is demonstrable that they do not in any sense arise from sights, frights, longings, or imaginations of the mother; and nothing has any effect in removing them but chirurgical operations. The red spots which we see in many newly-born children upon the lower parts of the forehead, eye-brows, and eye-lids, disappear gradually of themselves, and require nothing to be done for them; but marks which push out beyond the surface of the body, and are very red, spongy, and vascular,—viz. of the mulberry appearance—especially if on the face or neck, should be completely cut out while the child is young, because the operation at that age is not so formidable; and such marks are apt to increase amazingly in bulk, and to require the operation at last, when it is become much more difficult.

The Hare-lip, as to its cause, is like a mark; that is, unaccountable. If it be

such as admits of the operation, the sooner that is done the better. We know, from experience, that it will succeed as well as when done at any later period: the infant has not reflection to furnish it with images of terror: and the parents in a few days have the pleasure of seeing their child without horror, and shewing it to their friends without shocking them.

Cloven Palate.—Whether this be accompanied with a *hare-lip* or not, nothing has as yet been found out that is of any service. Such children, though they suck, can hardly ever draw milk from the breast; and therefore they are brought up by the spoon or boat. Their food partly returns through the nose. In time, they learn to swallow without discharging any thing by the nose, when they are not hurried. When they grow up to speak, their voice is always affected in proportion to the largeness of the fissure in the palate. Then, indeed, an artificial palate may be fixed so as to be very useful, provided the fissure be continued through the bony part; but, if only in the posterior and fleshy part, no method has yet been devised of fixing the artificial palate.

Tongue-tied.—Nurses have an opinion that a child's tongue is very frequently so tied down near the point that it cannot well suck, and that it will be hurt in its speech when grown up; and that therefore the bridle, in all such cases, ought to be cut. But it is a vulgar error. The operation is done, in most cases, either through ignorance or in compliance with prejudice. I never saw above two cases where it seemed really advisable, or could be of any use.

Imperforated Intestine.—This case happens frequently; and, therefore,

when a child has no stool for many hours after its birth, we should examine the part, to see that there is a passage. When there is such a defect, in most cases it is very apparent outwardly; but sometimes the outward appearance is natural, and yet the bowel is grown together a little within the body. In either case the operation is successful when the part of the gut which is obliterated is thin; but, in most cases of imperforation, there is a deficiency of a considerable portion of the intestine; and, therefore, in fact, the greater number of such children are lost.

Intestines in the beginning of the Navel-string.—When a child is born with a great quantity of the bowels protruded at the navel, nothing can be done for its relief: even when a few convolutions of the intestines only are lodged in the beginning of the navel-string, as well as we can judge from one instance, it will be impossible to reduce them, upon account of their adhering firmly all round to the orifice.

Club Foot.—A child is sometimes born with the foot flattened, and lying so that the upper surface of the foot is close to the fore part of the leg—the toes pointing upwards, and the heel downwards. Sometimes both the feet are in that condition, but more commonly one only. In some children, a hand has taken the same sort of unnatural position. Though ignorant people are shocked with the appearance, it in reality arises from the foot having been pressed and kept in that particular situation for a considerable time before birth; and thence, by taking a little pains to keep the foot more and more in the common situation, by means of a thick soft cushion bound upon the forepart between the ancles, such deformities are certainly cured.

But whether from the same cause, which is presumed to be the case more commonly, or from some more original cause, as in other cases of monstrous productions, a child's foot (and sometimes both feet) is exceedingly distorted, the heel drawn a little too much upwards, the toes and adjacent parts of the foot too much bended, and turned too much inwards, and the sole of the foot, instead of being downwards, is turned directly inwards; so that were the child supposed to use its foot, in standing or walking, in that state, it would be supported principally on the

outer edge of the *metatarsis*, the heel not coming to the ground; and the weight of the body would increase the evil, till the outer ancle came down to the ground. Accordingly when this misfortune happens in a considerable degree among very poor people, the patient becomes a cripple for life, with what we call a club-foot: but, by a careful management with bandages, and proper shoes, or machines, used from the birth, the child is almost certainly restored to nearly the natural use and form of the part. The longer the use of the proper means is delayed, the more difficult, or the more incomplete, the cure will be; because all the ligaments, and especially the bones, grow harder, and adapt themselves to the deformity. The process is well understood in London; but without very good drawings, to illustrate the doctrine, a description would be unintelligible.

Tumor on the Head.—In many children, a few hours after birth, a large soft tumor appears on the head, commonly a little to one side of the very top of the head. It is formed by blood, from the rupture of a vessel in the scalp at birth. Frequently there seems an edge of the skull all around, as if there were a large perforation, or want of the bone, at that place. But this is a deception. Some very good surgeons make it a rule to open it: but it is cruelty; for there is never occasion. The child's health is never hurt by it; and it always goes away of itself, generally within the month, sometimes later; and, for the most part, it continues without diminishing to very near the last; then it begins to be sensibly a little softer, like a bag of fluid that is a little emptied; after which it disappears very fast. I have never seen one case that did not do well of itself; not even among above 12,000 children that have been born at the British hospital, which I have attended since its institution. At first, I tried many discutient applications; but I soon found that they were both useless and unnecessary.

Jaundice.—In two or three days after birth, or later, most children take a yellowish cast of complexion; many take on a bright, or even a dark yellow colour, which goes off in a few days, when slight, seldom continuing in any degree longer than a fortnight. It has been common to give them rhubarb, or

other purging medicines. But if the child be well in other respects, there is not the least occasion to consider it as a complaint: it always goes off gradually, and is not in any sense unfavourable. When the jaundice is very dark, approaching to black, the case is serious; but it is so because the child is then ill in some other respect, and will require only the treatment which the other symptoms indicate.

Swelled Breasts.—In about a week after birth, the breasts of boys, as well as of girls, are apt to swell round the nipple, and to grow red and painful; and, upon pressing or milking them, a thick white fluid is often discharged at the nipple, which nurses call milk. The swelling always goes away of itself, is no mark of a bad constitution, and requires no medicine. I recommend rubbing them very lightly with warm olive oil; and when there is much inflammation, which happens sometimes, to apply any emollient poultice, such as bread and milk. I never saw any of them produce a sore, or any other mischief.

Red Gum.—The common eruption on the skin of infants we call *red gum*, because the little heats are generally of that complexion; and sometimes we call them only the *gum*; whence we sometimes give them the name of *white gum*, viz. when the little cutaneous elevations are clear or whitish. Some infants have nothing of the *gum* kind, and continue very healthy; but in most, something of that sort generally comes out in the course of a week or two after birth. In some the eruption is in very small grains; in others the pimples are large, almost like the small pox, suppurate, and in drying make scabs, in which case we say that the gum is very *rank*. The red gum appears to be a healthful symptom, for it is no mark of a bad constitution; and we frequently see a child who appeared to be, some way or other, not well, growing presently more lively and easy, after a plentiful eruption of the red gum; and sometimes we likewise think that, when the red gum disappears suddenly, the child seems evidently to suffer in its health, and as evidently to grow better again when the red gum comes out. A *very rank* red gum, indeed, rather gives an alarm, because in such cases the child is, in fact, or soon becomes, unhealthy.

When we wish the *red gum* to keep

out, or to come out, we keep the child a little warmer, and give, night and morning, five or six grains of Gascoigne's powder.

Sore Ears.—In some children, little heats come out behind the ears; the skin chafes there, and discharges a good deal. We look upon this as being healthful in most instances, therefore treat it as the red gum, by doing no more for it than washing it two or three times a day with warm water, or milk and water, and put a greased rag behind the ear, to keep the parts from forming a scab, and from sticking together. We often order the nurse to rub the skin behind the ear with a coarse dry rag, to bring a discharge there when there is none.

Sore Navel.—The same sort of humor, peculiar to the first stage of infancy, often shews itself at the navel. The string drops off commonly at any time from the fourth to the fourteenth day, and sometimes even considerably later. In many children it gives no sensible discharge, and therefore requires no dressing. The common application, in that case, is the singed rag for a week or so after the string drops; but in many children, before the separation of the string, and for some time after, the navel grows fiery and sore, and discharges plentifully.

It appears to me to be the same kind of humor which, in other cases, falls upon the ears, eyes, &c.; and, as in the case of sore eyes, sometimes there is a discharge of blood. The common application, in this case, is a large raisin split and deprived of the stony seeds, and the pulpy surface is laid to the sore. This does not check the discharge, and it keeps the rag and roller with which it is bound from sticking or scabbing. If the inflammation and swelling be considerable, we apply a poultice of bread and milk.

Sore Eyes.—In the course of the first fortnight, a child is frequently taken with a sore eye; and, sooner or later, the other eye is commonly taken ill in the same way. Sometimes the inflammation and purulent gummy discharge is slight, and soon goes off; but frequently the swelling of the eye-lids, the redness of all the inner surface, and the discharge of matter, and even of bloody matter, is very considerable, and alarming to parents. The language of nurses

is, that the child has taken cold in its eyes.

In my early practice I pursued the directions which I had received for this complaint: bled with leeches, applied blisters, ordered issues to be made, purged, and made use of a variety of topical medicines. Experience soon taught the insignificance of such efforts, and, at the same time, shewed that they were very unnecessary—that such sore eyes would take their own course, and would certainly do well of themselves. The disorder is no mark of a bad constitution; it is peculiar to infancy, and does not arise from taking cold, but is the effect of a habit peculiar to infants, and, like red gum, sore ears, or sore navel, is rather healthful. It therefore requires only to be kept clean, by washing it frequently with a small bit of very soft sponge dipped in fresh drawn milk or water. Without such attention, the eye-lids close up with a gummy scab, and a great quantity of matter collects, which swells out and stretches the eye-lids, and increases the irritation. As in other cases of sore eyes, light is hurtful: the child cannot bear it till the inflammation be gone. The disorder commonly goes off within the month, but sometimes continues much longer. There is one case in which it will be very necessary to use some preparation of mercury, viz. when the mother was ill, and communicated a contagious infection to the child at its birth. In that case, without great attention, the eye may be lost.

Apthæ or Thrush.—In the second, third, or fourth week, sometimes later, specks of a white crust begin to appear on the tongue, and then upon the inside of the cheeks and lips, on the gums, and roof of the mouth. It is sometimes slight, and gives no disturbance; sometimes the apthous crust is thick, covering all the internal parts, and rendering the mouth so tender, that the child cannot suck without pain. It will continue one, two, or even three weeks; and, generally, after some time, the skin about and between the buttocks is covered with flat red eruptions, which the nurses say is the thrush going through the child. But sometimes there is a thrush without that appearance; or, that appearance without a thrush.

When there is no other disease, or other symptoms of ill health, the thrush

is not to be reckoned a disease at all. It requires neither internal medicines, nor any kind of management of the mouth itself: it goes off gradually, and leads to no sort of mischief. The only inconvenience is, that when it is very rank, the mouth is so tender that the child sucks with pain, and the nurse's nipples are often very sore; but they heal commonly as the child's mouth heals. We think it catching. Nurses and officious practitioners commonly direct to rub all the inside of the mouth very hard with a linen rag, tied round a small stick, and dipped in syrup of mulberries, honey of roses (many beastly people prefer the child's urine), in order to remove as much of the crust or pellicle as they can; and if a little borax be added, the mouth is presently cleared of the whole pellicle. But all this serves only to make the mouth in proportion more tender, for the pellicle regenerates daily, and the continuance of the complaint is, perhaps, rather lengthened than shortened by such officious care. To remove, by gentle means, such loose parts of the apthæ as would otherwise be carried down to the stomach, must certainly be favourable.

When a thrush attacks a child who is otherwise very ill, it is a bad symptom; but even in that case, the thrush is only one of the symptoms, not the disease itself.

[To be continued.]

VACCINATION.

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NO. II.

To the Editor of the London Medical Gazette.

SIR,

WHATEVER difficulty there may be in determining the exact proportion in which vaccination fails to impart that "charmed life" which was its early attribute, one thing is clear, that the cases of failure have been sufficiently numerous to attract forcibly the attention of the public. Incompetent to reason correctly concerning these occurrences, and wanting the means of tracing them to their true, but obscure causes, that public has, nevertheless, made efforts to improve their condition, in respect to security from the small pox, and three different proposals have been

suggested with this view. Each of them is occasionally practised—each of them becomes, in its turn, the topic of familiar conversation. They will, therefore, require separate consideration. A fourth proposal to improve the public protection originated with a member of our own profession, and will require some notice, in order to complete that sketch of *remedial measures* which it is my object, in this letter, to lay before your readers.

1. The first plan proposed is the resumption of small-pox inoculation. It is no less curious than instructive, to observe how differently this proposal has been met in the metropolis, and in the provinces. Here, small-pox inoculation is practised to an extent so trifling, as scarcely to merit notice or animadversion. In the western parts of London there are only three or four persons who have the character of being inoculators. Their practice, in that respect, is very limited; and, from all I can learn, directions with regard to seclusion are properly given by them, and faithfully executed. In one instance only, for many months past, has any patient in the Small-Pox Hospital traced his complaint to the practice of inoculation; and I am inclined to think that the public is in no material degree injured by the few cases of inoculation which an immense population, like that of London, must always be expected to afford. In the provinces, however, a very different notion prevails. Applications for small-pox virus, for the purposes of inoculation, have frequently been made to me by respectable practitioners; and in too many instances the spread of small-pox in a village has been distinctly traced to inoculation, practised by persons in a lower rank of life. It is impossible, I think, to separate this fact from the consideration of the greater facility of obtaining good and fresh vaccine lymph in the metropolis, to that which the country affords. Vaccination enjoys a higher reputation in London than in the country, because it is found, by experience, to be more effectual. It is more effectual, because the supplies of lymph are here more copious, more regular, more accessible, and, I believe, more *perfect*. I shall, hereafter, have occasion to revert to this topic; but, in the meantime, may join in expressing my earnest hope that

the practice of small pox inoculation will be as much discouraged throughout the country, as it has long been in London; and that practitioners will never lose sight of the often-repeated fact, that inoculation, by keeping up the supply of contagion, destroyed two for every one that it preserved.

2. The favourite system in London, at the present moment, is revaccination. This is, by many, considered as the panacea for all vaccine imperfections; and the practice is rapidly extending. It was originally grounded on the theory of the limitation of vaccine influence. The period for which vaccination *ensures* the constitution has been differently stated—at seven, ten, and fourteen years. I have not been able to trace this idea to any medical author; but though it began with the public, it is not on that account to be discarded from medical reasonings. Dr. Jenner held, that “when once the human frame had felt the *full* influence of the genuine cow-pox, it was never afterwards assailed by the small-pox.” Admitting the correctness of this, as a general doctrine, we may reasonably enquire what is the law, when, owing to some peculiarity, the human body receives only a *portion* of that influence which the cow-pox is capable of imparting? In other words, when the arm of a vaccinated child exhibits a small vesicle, with an imperfectly formed areola, the whole process being completed, and the scab falling off within fourteen days, leaving an indistinct cicatrix, what opinion is to be given? What is the law which regulates the subsequent susceptibility of small-pox, under such circumstances? These cases are far from being uncommon, and the answer requires deliberation. From the result of my own observations, I am induced always to state to the parent that such a process will give a *temporary* security to the child; that, for a certain number of years, such a child will not be susceptible of small-pox; but that, at some future period, revaccination will be necessary, in order to complete that saturation of the system with the vaccine influence, which circumstances at present preclude it from receiving. It will thus be seen that I am disposed to accede to the doctrine of a limitation in the period of vaccine protection, under certain restrictions. I believe it,

to be an essential feature in the theory of vaccination, but I have no grounds whatever for believing that it applies to those far more numerous cases, in which the primary process is complete in all its stages;—that is to say, when every insertion takes effect; when the vesicles are large, pearly, and elevated; when a full areola is at its height on the tenth day; when the constitution, at that time, gives some evidences of internal derangement; when some of the scabs remain adherent to the twenty-first day; and, lastly, when the resulting cicatrix is *permanent* in after life.

It may be asked, on what grounds I aver that the notion of a limitation to the period of vaccine protection is applicable only to the cases of *imperfect* vaccination? My reply is, that it corresponds with the phenomena daily passing before my eyes, and more especially with those of revaccination. It is only within the last twelve months that I have witnessed these upon an extensive scale, and I believe there are few practitioners hitherto well acquainted with them. This will, I hope, plead my excuse for submitting to the notice of your readers those few facts which have lately come to my knowledge regarding revaccination. I may previously mention, that a most unexpected and admirable opportunity lately occurred, at the Deaf and Dumb Institution, of prosecuting this investigation. The results have not hitherto reached me, but I have reason to hope that Dr. B. Babington will, ere long, communicate them to the profession.

I have noticed four different effects resulting from the operation of revaccination. In some cases, the skin appears completely insensible to the virus. The incision heals as though the unarmed lancet had alone been employed. More commonly, however, the poison irritates locally. In three (or at furthest four) days from insertion, an irregular areola appears, surrounding a minute acuminated and angry vesicle. Frequently the axillary glands swell; and in particular habits of body, especially in adult females, irritative fever, to a considerable extent, is superinduced. In a third set of cases, a pimple forms more gradually without any of this local or constitutional irritation. A slight degree of surrounding inflammation succeeds, and the vesicle contains, on

the ninth day, a considerable quantity of a thin lymph; but this lymph will be found, on trial, *incapable* of propagating the disease. In a fourth set of cases, the revaccination runs a regular course. A true areola appears on the usual day, and the lymph will be found to propagate a good and genuine cow-pox. It may be called jumping at a conclusion, but I cannot forbear entertaining the idea, that those who exhibit the first set of appearances now described, would have effectually resisted small-pox; that those who were under the circumstances last mentioned, might have undergone the disease in some of its ordinary forms; and that the others might, under exposure to small-pox contagion, and in circumstances calculated to favour its development, (such as change of air,) have exhibited that class of symptoms called *varicella*, chicken-pox, mild or modified small-pox.

From the remarks now offered, it may be presumed that in my own practice I am induced to recommend revaccination in special cases only; that is to say, whenever any reasonable doubt exists as to the perfection of the primary process. But I as invariably discountenance it, when the proofs of a prior successful vaccination are clear, from the conviction that it is unnecessary, and from the feeling so strongly expressed by Mr. Edmonston, and so properly echoed by yourself, that the general adoption of such a principle, merely to gratify curiosity, or to indulge the caprices of a parent, or to increase the chances of success, is wantonly, nay cruelly, to disturb the public mind.

3. A third suggestion which has been thrown out with the view of ensuring the safety of an individual from the chance of casual small-pox, is testing with variolous matter at some considerable distance of time from the original vaccination. This has been more talked of than practised. Those who have confidence in vaccination of course object to it; and those who may have imbibed doubts on the question of its unlimited efficacy, yet acknowledge its modifying influence, and feel that the inoculated disease cannot well be milder than the casual disorder, as it occurs after vaccination. The surgeon inoculated for small-pox merely because it was a disease of such extraordinary ma-

lignity. Remove that malignity, and the necessity for inoculation ceases. The cases, therefore, that warrant the practice of testing with variolous matter are very few indeed. It is perhaps applicable to the case of young men intended for the medical profession, who must necessarily be much exposed to small-pox contagion, and who may chance to take the disease at a very inconvenient moment. Under this impression, I have tested two or three gentlemen; but hitherto, in every instance, they have resisted the contagion. I am far from recommending this practice; yet it might be defended, with some shew of reason, on the following ground. The most favourable age for receiving small-pox, (as far as my own observations extend) is from eight to fourteen. The comparative feebleness of the human constitution in infancy, offers less resistance to the inroads of this severe disorder; and, consequently, any measure calculated to throw the burthen of the disease upon a period of life better able to oppose it, would benefit mankind, even though it enjoyed no pretensions whatever to the character of a *preventive*.

4. The last topic to which I shall advert, is the proposal of Dr. Ferguson to inoculate with the vaccine and variolous virus at the same time, or within such short periods that the two influences may coexist; the object being to produce artificially that mild small-pox which we now so often meet with casually, at long periods after vaccination. Such a proposal appears, at first sight, to be a philosophical application of the facts and principles now under discussion; but the difficulties which oppose its introduction into practice are insurmountable, as Mr. Edmonston, in the valuable Essay already referred to*, has clearly shewn. It proceeds upon the principle of keeping alive pure small-pox and pure cow-pox. Its application, therefore, could be only on a very limited scale; for, were the practice to become general, pure cow-pox would either become extinct, or continual recourse must be had to the cow. This involves a question which has frequently been agitated; but having already exceeded the just limits of a communication, I must defer it, with some other

questions of a speculative nature, to a future opportunity.

I have the honour to be,

Sir,

Your very obedient servant,
GEORGE GREGORY.

8, Upper John-Street,
Golden-Square, April 13, 1828.

SPURIOUS COW-POX.

To the Editor of the London Medical Gazette.

SIR,

DR. GREGORY's first communication on the subject of cow-pox contains several passages which seem to require notice. A very few sentences will express all that I deem it necessary at present to say; and I would not even have said those, were I not satisfied that one of his positions is calculated to mislead, and, by so doing, to produce very serious evils to the community. I feel quite assured that, on reconsideration, he himself will see this matter in its true point of view; and will so qualify his statement as to make it consistent with universal experience, and deprive it of its mischievous tendency.

He says, with an air of triumph, "We have ceased to talk of spurious cow-pox; a phantom which disturbed so greatly the minds of our predecessors." It is this sentence, together with the inferences to which it leads, that I think requires examination. In a question of so much moment, it is quite unworthy of the spirit of a just reasoner to be influenced by mere verbal distinctions: I will, therefore, not contend for the word "spurious," if it be distasteful to Dr. Gregory, but for some sound and accurate ideas which I believe all well-informed medical men now associate with that term, I am disposed most strenuously to contend. The process of vaccination is a very delicate one; and it never can afford its full amount of protection unless it shall have gone through all its stages in the most regular and perfect manner. It is well ascertained that various circumstances interfere essentially with the accuracy and perfection which are required. When that interference has taken place, from whatever cause it may have arisen, it may justly be affirmed

* Edmonston's Observations on Cow-Pox, page 113.

that the vaccination has been SPURIOUS. Does Dr. Gregory mean to assert that such occurrences never take place; that it is of no moment whether the virus employed be in its active and efficient condition, or in that state which is capable of exciting a local affection that can afford no security whatever? Has he forgotten that these truths may be alike proved by referring to the history of cow-pox in our dairies, as well as by the experience of some of the earliest vaccine institutions? Has he forgotten that, besides variations occasioned by the condition of the virus itself, others depend upon the state of constitution of the individual vaccinated; that an irregular, or imperfect, or (as some will still speak) spurious pock, may be thus excited, and, when thus excited, is capable of being perpetuated by inoculation? Remembering all these things, will he contend that, in alluding to them, —in pressing them upon the minds of those who either practise vaccination or who are the subjects of it,—it was sought to fill their imaginations with airy phantoms, instead of conveying most useful and needful instruction? If such be his purpose, all farther argument is unavailing. Should he count them of no value, it will, indeed, be much to be deplored, because it must shew that thirty years of inquiry and of discussion, have been insufficient to gain full assent to facts in themselves incontrovertible, and indispensable to the successful practice of vaccination.

I am sure that it must have escaped Dr. Gregory's recollection, that, in the strain of sentiment which he has exhibited, he has fallen in with the method of arguing adopted by the weakest and most prejudiced anti-vaccinists. Their object being to swell the list of failures, all attempts to explain these from irregularities in the progress of the vaccine, were declared to be futile. They asserted, that all the precautions which accurate observation and experience had fully proved to be necessary in so delicate a process, were but so many acknowledgments of the insecurity of the practice. They contended that every example of small-pox, after vaccination, perfect or imperfect, was to be held as a decided failure. Dr. Gregory surely never can countenance such opinions; though his words, as they now stand, might too clearly lead to that inference. If it,

unfortunately, ever should become the opinion of the profession at large, that the positions connected with the term "spurious," as partly explained in the preceding remarks, are but empty phantoms, then all efforts to acquire the substantial benefits that vaccination promised, and has performed, may be abandoned in despair.

I am, Sir,

Your very obedient servant,
M. D.

SINGULAR CASE OF DISEASE,

Occupying the whole extent of the Abdomen on one side, and the Pelvis, external to the Peritoneum.

By S. D. Broughton, Esq. Surgeon to the 2d Life Guards, &c. &c.

W. B. æt. 29, a musician in the band of the 2d Life Guards, had, during more than a year past, gradually fallen away in condition, and suffered latterly repeated attacks of violent pain, referred to the back and hip of the left side, not higher up than the loins. His appearance was pallid and unhealthy, and his bowels costive and irregular; but the appetite natural. Frequently he was much annoyed with distention from wind, which was generally removed by the introduction of a clyster pipe. Relief was always obtained by purgatives and anodynes. His emaciation and debility of late obliged him to be confined to the hospital, where he had frequently received temporary relief; but getting better, he was allowed to return to his lodgings, deriving benefit from the open air. During the spasmodic attacks, the heart and arteries would beat high and rapidly, and pain be complained of in the lower bowels on the left side, and loins. On examination, the belly was always soft and yielding, and without tenderness on pressure; nor was any enlargement detected, but some occasional distention from wind. The stools were always of a natural appearance; the tongue clean, but rather dry; and the skin moist. The urine was sometimes turbid, not high coloured, and occasionally contained a predominance of acid.

Between the attacks of pain he was comfortable and cheerful, though looking as if labouring under disease. The

quantity of urine passed during the twenty-four hours was apparently much as usual. Latterly there was at times pain referred to the left groin, but no affection of the glands or other disease was perceivable to the touch. He continued to enjoy his meals of broth, &c. and to digest his light diet. During the attacks of pain, the respiration would be hurried.

The fifteenth of February was the date of his last admission into the regimental hospital; when, the heart and arteries acting strongly, a pint of blood was taken from the left arm, which exhibited a buffy coat, and cupping. Leeches were applied to the side next day: constant attention was necessary to the state of the bowels, and medicine easily produced liquid stools. He was relieved, though the beating of the heart and arteries continued, and so as to be perceptible in the neck, the groins, and the limbs, and felt also in the loins. The pulse never much exceeded from ninety to one hundred, and gave an impression to the finger, and to the hand, (when placed over the region of the heart) similar to that which occurs in *pericarditis*, but without pain beyond the lower part of the abdomen and loins. The constitutional debility increased, and the pulsation continued, with periodical attacks of pain, which were always removed by leeches, laxatives, and moderate anodynes, with occasional blisters to the seat of pain. From the day of his admission sixty minims of the *liquor antimonii tartarizati* were given every four hours in saline mixture; and rhubarb and carbonate of soda twice a day. Subsequently the antimonial wine was reduced to forty minims, and fifteen of the tincture of digitalis added, as some nausea was excited by the antimony. The pulsation continued with diminished force and quickness latterly, but the application of leeches was repeated occasionally whenever pain came on, and with laxatives and anodynes afforded great relief.

On the twenty-first of March his pulse had fallen to forty-eight, though the pulsation was still strong and visible as before, and he breathed in rather a hurried and laborious manner. The night before he had experienced a violent paroxysm of pain, with increased frequency in the pulse, and in the morning was much relieved from anodynes, &c. as usual. The digitalis and anti-

mony were omitted. He appeared to be much debilitated, though free from pain, except a little soreness, which was soon removed by small doses of æther and laudanum in camphor julep, with extract of hyoscyamus, and the pulse rose to seventy-four, and lost its former character in a great degree, giving an impression of more natural action. On the morning of the twenty-second, at seven o'clock, he had another attack of pain and quickness of the pulse, from which the usual remedies recovered him, and about half-past eight he expired, without any urgent symptom, collected in mind, and perfectly quiet and sensible.

Sectio Cadaveris.—Upon examining the body about twenty-four hours after death, the following appearances presented themselves. In the thoracic and abdominal cavities, there were found about three or four pints of bloody serum. The pericardium contained a small quantity of pure serum; the lungs appeared perfectly healthy; the heart was larger, and its parts were more strongly developed than usual. The thoracic membranes exhibited no signs of inflammation. The abdominal viscera shewed no appearance of diseased structure or inflammation; but the cavity of the abdomen, on the left side, was occupied, from the diaphragm to the bottom of the pelvis, with a mass incumbent on the spine, and forcing the liver, stomach, &c. upwards; which mass seemed, at first sight, to be composed of coagulum, covered with a shining white membrane.

On removing the viscera, in order to get at the attachments of this mass, it was found to adhere strongly to the diaphragm, the whole extent of the left side, the great arch of the stomach, the pancreas, part of the colon, the cæcum, and the rectum. When removed, it measured nearly 20 inches in length, and was narrower in the centre than at either end. The left kidney was inclosed in its upper portion, and partly adhered to its membranous coat. The kidney itself was perfectly healthy in structure, but somewhat large. The cavity of the pelvis was so much occupied by this mass, that the rectum was closely pressed upon, and the bladder contracted to a very small oblong form; its internal structure, as well as that of the intestinal canal, appearing free from inflammation, and healthy. Three

of the dorsal vertebræ, against which the mass rested, were rough and irregular on their surfaces towards the left side, as if absorption of bony matter had taken place. Where the bifurcation of the aorta takes place, there was thickening of its coats for the space of about two or three inches, so as to contract its bore, and condensation of cellular substance appeared externally. Upon examining the main blood-vessels throughout, no other diseased appearance was observable; and their internal coats were free from redness.

When the shining white coat of the mass was divided, its contents every where displayed a continuity of dark coloured coagulum, which, on being washed, presented the usual evidence of fibrinous matter.

MIDWIFERY.

On the Spontaneous Evolution of the Fœtus.

By George Jewel, Esq.

WHEN we reflect upon the changes which the several branches of medical science have undergone through succeeding ages, none appear more conspicuous than those which appertain to midwifery. It is, indeed, a fact too palpable to be refuted, that hitherto its principles have neither been so stable nor determinate as those which belong to medicine generally; a circumstance, it is fair to presume, attributable to its defective cultivation as a branch of the healing art. Midwifery, unfortunately, has been left, for a long series of years, entirely unprotected by the medical corporate bodies of this kingdom, and, as a natural result, it has never been fully appreciated by students and junior practitioners as an important branch of science. Indeed, it is scarcely exceeding the bounds of truth to say, that very many practitioners of the present day have become acquainted with the mechanical delivery of women in laborious parturition by experience only, and *that* experience sometimes too dearly bought, while the principles of the science have been left totally uncultivated, frequently unnoticed. If the opinion be correct that the principles of midwifery have been to a certain extent neglected, and

it scarcely admits of doubt, it cannot excite surprise that many of the phenomena of parturition should pass disregarded.

The object of this communication is to draw the attention of practitioners to that peculiar condition of the fœtus which obtains in one species of what are termed preternatural labours, and to induce a further development of facts; for it is upon this alone the solid pyramid of science can be raised.

The records of medicine inform us that, among women in all ages, the function of parturition has been not unfrequently interrupted by the cross position of the infant. To convert the preternatural into a natural presentation, or, in other words, to bring the head of the child, when an arm presented, in apposition to the os uteri, must have been (to say the least of it) a very precarious mode of delivery; in fact, one which seldom could be crowned with success: and, if foiled in the attempt, cutting instruments were had recourse to, under all circumstances, and at any period of the labour, with which they mutilated the child, that it might be extracted piecemeal through the pelvis. In justice, however, it should be stated, that formerly the various conditions and capabilities of the uterine fibre were not well understood, and that it is upon a knowledge of these that the success of obstetric medicine principally depends.

It had been remarked by some of the most eminent accoucheurs of this and other countries, that in some few cases where an upper extremity of the child was detected as the presenting part soon after the commencement of labour, the nature of the presentation became materially altered before the process was wholly accomplished. Dr. Denman was the first English physician who directed the attention of practitioners to this interesting phenomenon, and which he designated "the spontaneous evolution of the fœtus." The arm or shoulder, he imagined, sometimes presented, but, by the power of the natural efforts, the child turned upon its own axis, the nates ultimately became forced into the pelvic cavity, which compelled the part originally presenting to recede into the uterus. This explanation, however plausible it appeared to some, failed in proving satisfactory to others. Dr. Douglas ably combated the theoretical doctrines of Denman, while at the same

time he illustrated his particular views of the subject by the publication of seven cases which had occurred under his own observation.

The two following cases which I have recently met with in my own practice, will prove strong corroborative testimony to the opinion that no spontaneous evolution of the foetus ever takes place, but that the child, by the extraordinary exertion of the uterine power, is merely expelled in a doubled position.

CASE I.—Mary Davey, ætat thirty-six, residing in Turner's-court, St. Martin's-lane, a poor woman, of short stature, a delicate constitution, and arrived at the full period of utero-gestation, was seized with labour early in the morning of the 1st of June, 1826. On the subsequent day, in the evening, I was sent for by the midwife in attendance. Upon entering the chamber, I observed that the uterine power was exceedingly and most fearfully exerted; large drops of perspiration stood upon her forehead and neck, and there was scarcely a minute's interval between the pains. On making an examination, per vaginam, I found the shoulder pressed into the inferior aperture of the pelvis, the hand having dropped through the os externum. The idea of turning could not be for a moment entertained under existing circumstances, and I found, during a few forcible contractions of the uterus, that the body of the child had become so compressed into the lower division of the pelvis, that a portion of the thorax could be detected almost at the os externum.

Having waited a few minutes to reflect upon the best means I could adopt to meet the exigencies of the case, a pain of augmented severity came on, which caused the woman to scream violently. The midwife now, and as it appeared by design, raised the bed-clothes, when I had an opportunity of ascertaining, by ocular demonstration, the precise mechanism of the labour. The arm had already passed through the external parts from the posterior part of the pelvis; by a forcible uterine contraction, the nates appeared, and during the same pain the whole body was expelled. It must be remarked, that the arm neither retracted nor changed its original position in any part of the process. The head was extracted without much difficulty, the child being dead.

The unfortunate subject of this case, whose constitution, as was before remarked, had been always weakly, died the following morning from exhaustion, the effect of the over-active uterine power, and great general disturbance of the system.

Upon an examination of the body, the space in the antero-posterior diameter of the pelvis was found not to exceed three and a half inches, although the child was of the usual size. These are circumstances which materially add to the interest of the case. The uterine parietes were softer than natural, and appeared of a dark gangrenous colour.

CASE II.—The wife of a respectable tradesman, residing in the Waterloo-road, forty years of age, and of a robust constitution, was seized with the pains of parturition on Sunday morning, October 21st, 1827, being the third labour. On my arrival at ten A.M. I found her standing on the floor, notwithstanding the uterus was contracting with extraordinary force every three or four minutes. At my request she immediately got into bed, and having made the usual examination, the right hand of the child was discovered at the os externum, the shoulder under the symphysis pubis. In this, as in the former case, the efforts of the uterus were most powerfully exerted, and I observed that, during the two subsequent pains, a portion of the chest of the foetus had arrived at the external parts. I now resolved to confide (at least for a time) in the natural powers, and for the following reasons: first, from the parturient action being most excessively severe; secondly, the whole of the shoulder, and part of the thorax, were rapidly approximating to the os externum; and thirdly, the parts were relaxed and lubricated by a plentiful secretion of mucus. That I might not come to any erroneous conclusion regarding the mechanism of the case, I held the hand of the child loosely within my own, by which I was again enabled to perceive that, so far from the original presentation retracting, scarcely any movement whatever took place in it during the process.

Within twenty minutes from the first examination, the breach presented, and the child was expelled, as in the other instance, without artificial assistance.

It is necessary I should remark that the patient had only arrived at the eighth month of pregnancy, and the child was

dead; a circumstance attributed to an accident which occurred about ten days previous to the coming on of labour. The mother did well.

In obstetrics, as in the practice of all the other branches of medicine, the interests of science and humanity demand from us a due attention to the capability and resources of nature; that we should investigate into, and be strict observers of, her operations; and that we should unite in drawing a line of demarcation between cases which require the scientific interference of art, and others which may be safely entrusted to the unaided exertion of the natural powers. Dr. Douglas, in his well-known pamphlet, published in the year 1819, "on the Spontaneous Evolution of the Fœtus," states his conviction that at least one-third "of all cases of cross births" ought not to be subjected to artificial turning. Now, if this belief, founded unquestionably on fact and observation, approaches in any degree to the truth, is it not somewhat extraordinary that so little attention has been paid to a subject which is of such vast importance to the science of obstetrics, and, as a natural consequence, to the best interests of society? After some practical attention to this interesting part of obstetric pathology, I have been led to the following conclusions, not without a hope of seeing them confirmed by the experience of others.

That when the arm and shoulder, together with a portion of the thorax, of the child are detected at the os externum,—when the uterine vigour is most powerfully exerted, and the woman bears down involuntarily with all her strength,—when the parts are disposed to relax freely, there being a due secretion of mucus, and the mother has previously borne children, the practitioner should not interfere. To these may be superadded a healthy conformation of the pelvis, the full period of gestation not having arrived, and the child being dead. Under all the circumstances above mentioned, more particularly the concurrence of great uterine activity, a fair opportunity should be permitted for the accomplishment of labour by the natural powers alone. I cannot coincide with Dr. Denman's theory, "that a child of the common size, living or but lately dead, in such a state as to possess some degree of resiliency, is the best calculated for expulsion in

this manner." On the contrary, I am induced to believe that the resiliency spoken of would materially contribute to the resistance opposed to the uterine power, and, instead of facilitating, would rather prove an additional obstruction to the accomplishment of the process. That when the arm of the child is protruded into the vagina, it never again recedes to make room for the nates or any other part, as imagined by Dr. Denman, and therefore that the young practitioner would be led into a practical error if he waited for its occurrence as a matter of course.

It is, however, much to be feared that such cases as I have detailed but rarely occur; at least, that they form a small portion only of what are commonly denominated preternatural labours, and, therefore, that, although the practitioner possesses a knowledge of the fact that occasionally, in presentations of the upper extremities, the process of labour is accomplished without the interference of art, yet, as it is not possible to calculate, with any degree of accuracy at the commencement of a case, upon its probable termination, so will it be judicious to turn and deliver as soon as the condition of the uterus will permit; and again, on the other hand, where procrastination has usurped the place of prompt measures,—when the arm is wedged in the pelvis, and the uterus is morbidly exerting its tonic contractions,—and the death of the infant is unquestionably marked,—to pursue a mode of treatment more compatible with the safety of the mother, in removing the arm, or by a further mutilation of the child, to enable the operator to bring it with greater facility through the pelvis.

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February 1828.

EVIL TENDENCY OF THE LANCET.

To the Editor of the London Medical Gazette.

SIR,

HAVING already called public attention to the "evil tendency" of the Lancet, you must suppose that I feel some interest in the discussions and bickerings which its malevolent spirit has excited. It is disgraceful to a profession, gene-

rally distinguished for its courteousness and liberality, to have countenanced a publication which destroys generous feelings, fosters animosity, despises courtesy, disregards veracity, tramples on reputation, and trifles with humanity.

Mr. Bransby Cooper has done himself great honour by his public and manly testimony. He calculated, no doubt, on the Editor's vituperation; but he will receive ample recompense in the consciousness of duty, and in the cordial approbation of the greater part of the most eminent and most respected of his professional brethren.

The *Lancet's* popularity has been maintained, in no small degree, by pusillanimity. Had those gentlemen who, like Mr. Cooper, occupy public and commanding stations, publicly avowed the sentiments they have been accustomed to express in private, they would have secured a measure of respect incomparably more deserving their consideration than the occasional plaudits of a work which, *in their declared opinions*, disgraces every man whom it commends.

Surely, Sir, the course which has been adopted towards Mr. Stanley and Mr. Cooper, will induce these gentlemen to step forward and maintain their consistency: if not on public grounds, they are called upon by personal considerations. The time of their visitation may come, and they may be signalized by the *Lancet's* defamation; whilst their having meanly witnessed the sport made of others' character, will justly leave them without the sympathy of their brethren. Let the profession act consistently, and the remedy of this nuisance is in their own hands. Those who accord in the Editor's spirit, are justified in their encouragement of the work; but where is the consistency of those (and their number is not small) who verbally condemn, and practically sanction? The interests of the profession, within itself, and as it stands in the eye of other professions and of the community, demand that the course pursued by the *Lancet* should be brought under decisive animadversion; and it may sometimes be requisite to make the Editor amenable at the bar of justice. But let it be remembered, that no argument is so forcible with a mercenary Editor as the diminished sale of his publication. Gentlemen who take in this periodical will do well to

analyze their motive. If, with all its personalities, and its invective, and its partiality, and its errors, they believe that it really advances professional knowledge, stirs up useful energy, and diffuses information which can be relied upon to direct in the constantly recurring exigencies of the profession—their integrity cannot be impugned, whatever might be thought of their judgment. Those, however, who arrive at the opposite conclusion—who deprecate its spirit, distrust its accuracy, and can gather what is most useful in it from uncontaminated sources; but who indulge an itching curiosity to learn how effectually a neighbour can be slandered—may prove the correctness of their judgment in condemning, but show that they have no integrity of principle, when they support that which they condemn.

I feel, Sir, that the manner in which this periodical is conducted is incalculably mischievous; and I cannot commend the taste that has sometimes led his competitors to war with his own weapons, or to quote, and thus give greater publicity to his indecencies.

In the hope of contributing a little to bring the discussions on this topic to a speedy issue,

I remain, Sir,
Your most obedient servant,
WM. COOKE.

39, Trinity-Square, April 8, 1828.

ANALYSES & NOTICES OF BOOKS.

“ L'Auteur se tue à alonger ce que le lecteur se tue à abrégér.”—D'ALEMBERT.

A Practical Treatise on the Typhus or Adynamic Fever. By JOHN BURNE, M.D. Licentiate of the Royal College of Physicians, &c. &c. 8vo. pp. 248. London, 1828.

BEING far from satisfied with the present state of our knowledge of fever, Dr. Burne has for some time devoted his attention particularly to this subject, and has made diligent use of the extensive information attainable at Guy's Hospital, for the purpose of investigating the nature of this important disease. To this end he has habitually noted every minute sign and circum-

stance, as they could be obtained, from the very first feelings of indisposition; all the phenomena as they afterwards presented themselves; the treatment, and the effect of the remedies; and, in fatal cases, the nature of the organic changes as appearing on a careful dissection.

We shall now endeavour, in a few words, to lay before our readers the opinions which the author has deduced from the information he has thus obtained. We know Dr. Burne to possess great zeal, industry, and extensive professional information; and we therefore consider his views well worthy of the attention of the profession, without pledging ourselves, however, to agree with him in every particular.

The author divides continued fever into the inflammatory (where the nervous system is not materially affected), and the adynamic (the subject of the treatise). And these classes are again divided, as they are or are not accompanied with local inflammation. The term "adynamic" he prefers to the usual names of typhus, &c. as less likely to confuse, and denoting the most striking phenomena of the disease; viz. the remarkable prostration of the powers of the nervous and muscular systems.

For the production of this fever a certain state of system is necessary, depending on continued exposure to a poisoned or contaminated atmosphere. The attack takes place in two ways:—1st, spontaneously, when the development is slow and progressive; and *then it is not* accompanied with any local inflammation. Or, 2ndly, from an accidental cause; as a severe cold, &c.; when, in a few hours, the fever is fully formed, and organic inflammations are apt to accompany it from the beginning.

The author next distinguishes the fever into four degrees, according to the severity of the attack, and describes the symptoms of each degree in a very clear and forcible manner: to this description we must refer, as well as to that of some peculiarities, which occasionally vary the usual course, as the derangements of one organ or another shall happen to predominate. Many cases, where people have dropped down in the street, &c. have been supposed examples of the *sudden* invasion of this fever; but in all, Dr. Burne believes, it will be found that they have had the

precursory symptoms for a few days before. In noticing a peculiar congestive state preceding fever, or occurring during the attack, the author animadvertes upon the absurdity of calling it "congestive fever," as a particular variety: he seems to think that most of the fatal cases of this description in modern times, have happened from blood-letting being had recourse to, from the delusions produced by the name "fever."

When inflammation occurs during any period of the accidental adynamic fever, it does not go on with full force, from the prostration of the nervous powers, but is what has been called "atonic," and is more or less so according to the degree of the prostration; and the product of inflammation is thereby materially altered, being nearly or entirely destitute of the firm fibrine which is thrown out in tonic or healthy inflammation. In these instances, if the adynamic condition is lessened or removed by free ventilation or other means, the signs of inflammation become more vigorous. The inflammation in adynamic fever is purely accidental, and the one may be subdued whilst the other continues. In addition to these accidental organic inflammations, there are often local determinations, or subacute inflammations of various parts, arising from causes dependent on the fever itself,—from irritation of depraved fæces,—from weak points from former diseases, &c.

These latter embarrassments may be mistaken for present inflammation, and should be carefully attended to, as such patients will not bear depletion so well.

It must be remembered, however, that, as regards the mischief arising from the atonic inflammations which accompany adynamic fever, they are not less dangerous, though less vehement. "A familiar example is seen in the epidemic puerperal peritonitis, which is an atonic inflammation accompanied with the adynamic fever." In this opinion of Dr. Burne, as far as respects the puerperal fevers most prevalent in *London*, we cordially agree.

In the 4th chapter the different prominent symptoms are examined in detail. The pulse, particularly its "open" state, as differing from fullness, and consisting of "a dilatation of the artery from want of tonicity; whence

it is dilated by a weak stroke of the heart, propelling only a small quantity of blood." Dr. Burne is urgent upon the importance of distinguishing this pulse, as a certain criterion of the propriety or impropriety of venesection. So far from agreeing with Celsus that the pulse is "*res falacissima*," he looks upon it "as one of the best and most certain indications (taken singly) of the nature and treatment of disease." The tongue also is a guide of no slight consequence, if Dr. Burne be correct in his conclusions, that the state of it, in different stages, corresponds with the different conditions of the intestinal canal, where the ochre-coloured, or the black-offensive, or any other sort of diarrhoea, makes its appearance. The remaining symptoms which he thus minutely notices are, the tympanitic belly—the varieties of diarrhoea—the retention of urine—deafness—and the condition of the blood during life and after death; not the chemical, according to Dr. Clanny's recent investigations, but simply the physical properties. Dr. Burne has remarked, that, "if blood is abstracted from adynamic fever patients by cupping, it frequently does not coagulate in the glasses, however long they remain on; whilst in other patients it coagulates almost invariably. The blood, too, is obtained with difficulty; it takes as much time to cup one fever patient as two or three others." From the indisposition to coagulate during life and after death, always greater in proportion to the adynamic state of the patient, Dr. B. believes that there is a *diminished vitality* in the blood. He also believes that there is an excess of carbon.

Passing over the subjects of convalescence and relapse, in which are many useful observations, we now come to the primary cause of adynamic fever, which Dr. Burne, "casting away the shackles of partial and exclusive doctrines," considers to be "not single, but manifold;" he believes, that a certain condition of the blood and nervous system, sufficient for or favourable to the development of fever, is produced by contaminated air—whether from human effluvia or contagion: and again, by another agent—the habitual excessive use of fermented liquors. Though Dr. Burne purposely defers the question till some future opportunity, candidly stating that he has, at present, chiefly devoted his attention to fever *after* it

has occurred, yet it is plain that he is not much addicted to the exclusive "malaria" doctrines.

In the chapter on the pathology of fever, Dr. Burne gives an important direction, always to *begin* the examination of a body, with the head; because if the chest be first opened, the division of the large veins has the effect of emptying the sinuses of the brain, and thus modifying very much the local appearances; besides that, air may thus pass into the sinuses, to supply the place of the escaped blood. There are certain morbid appearances, nearly invariably found in the brain and intestinal canal, which may therefore be considered peculiar to the adynamic fever. Others are rather accidental, arising from circumstances occurring during the progress of the fever; changes in the bronchi, lungs, heart, arteries, and veins. In the brain there is found serous effusion, more or less, between the arachnoid and pia mater, over the whole extent; the arachnoid is more or less dense and opaque, arising apparently from the mere soaking of the membrane in the effused serum after death. There is much dark venous congestion, and the author believes that the arteries often contain fluid black blood. Where there is a large effusion into the lateral ventricles, (above 2 or 3 drachms) there has been always retention or suppression of urine before death; and wherever there has been none of the usual serous effusion under the arachnoid, Dr. B. concludes that death did not arise from fever itself, but from the accidental accompaniments. There is never any fibrinous deposit, where there has been *simple* adynamic fever, and the author denies that the serous effusion, or the state of the vascular system, are owing to inflammation.

The appearances in the intestinal canal, though ably described, we shall omit, as being of course similar to what have been so recently given by other writers, although Dr. Burne remarks in a note, that his own account was drawn up three years ago. He accounts for the discolorations and ulcerations, as arising from the irritation of the depraved secretions and putrid fæces being detained in the *most depending* parts of the passage, from the atonic condition of the intestines, for it is at such points that these appearances are mostly found:

from the same causes, the evolution of gas takes place, and hence the tympanic abdomen. Besides the changes in the mesenteric glands, noticed by Dr. Bright and others, the author mentions some slight appearances in the bronchial membrane, lungs, and heart, which he has found very uniformly in adynamic fever; the former of which he believes to arise from imperfect respiration, the atony extending to the organs performing that function.

In relation to the nature and seat of the adynamic fever, Dr. Burne successfully exposes the theories of its being inflammation of the brain or any other organ, or that it consists in any inflammation, or any other organic alteration in the intestines, mesenteric glands, or veins; for none of these exist regularly or constantly, and where found, they are the effects, not the causes of fever, or else they are accidental complications. His own ideas are fully and clearly given, and explained, and are thus summed up: "The adynamic fever has no local seat: its nature is a morbid condition of the blood, produced by the operation of the primary cause, the respiration of a contaminated or poisoned atmosphere. This morbid blood, acting on the brain and nervous system, is of itself sufficient, in very many instances, to bring about the very great derangement and imperfect performance of all the functions of the organic and of the animal life; which great derangement and imperfect performance of all the functions, constitute the phenomena of the adynamic fever. In the other instances, this morbid blood generates only a predisposition, which being acted on by any accidental exciting cause, as cold or mental emotion, causes the fever to be immediately developed. The derangement of the functions of the nervous system is more prominent than that of the sanguiferous system, which is only of marked importance when the fever is accompanied with local inflammation."

Treatment.—We shall merely notice a few of the points, as shewing more Dr. Burne's own opinions on some questions of general interest, without going into the minutiae of treatment; into which, however, we must confess that Dr. Burne has gone rather needlessly far, unless he intends his book principally for the perusal of students who are in the first month of their me-

dical education. Of purgatives, Dr. Burne gives a decided preference to rhubarb. In regard to mercury, Dr. B. dislikes it as an internal remedy as a general rule, even in the ochre-coloured diarrhœa. He objects to it, as producing too much irritation, even in its mildest forms, and only thinks it advisable in some particular cases of disordered secretions from the bowels. He has, however, derived great advantages from its external application, particularly where the head has been much affected, where there is any inflammatory action, or when the secretions are obstinately deficient. He cautions the profession against attempting to check the ochre-coloured diarrhœa, by any astringents, as it arises from the discharges passing over a very irritable and recently inflamed, or ulcerated, mucous surface. He advises demulcents and small doses of opium.

In the employment of blood-letting, Dr. Burne is guided chiefly by the pulse, and by the attack being sudden, or progressive. Where it has been progressive, the nervous system is in general exceedingly depressed, and there is no local inflammation; and then he thinks blood-letting rarely advisable, and never beyond a few ounces, and at the very commencement. In the opposite cases, however, it may be used more freely; and it is in the cases of sudden attack only that he thinks it possible to "cut short" the disease; though here it must be recollected that the leading symptom is depressed nervous energy, and therefore that blood-letting is borne ill. Dr. Burne is evidently a sceptic, as to the wonderful instances of 200 ounces of blood being abstracted in any cases which come under his idea of adynamic fever.

The expectations with which we began the perusal of the present work have not been disappointed, and with great confidence we recommend it to our professional brethren, as containing much information that is practically useful; many observations and conclusions which are novel and highly interesting; and many judicious directions as to treatment, founded upon his own views of the nature of the disease.

MEDICAL GAZETTE.

Saturday, April 19, 1828.

“Licet omnibus, licet etiam mihi, dignitatem *Ar-tis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso.”—CICERO.

SUBJECTS FOR DISSECTION.

“It is *their* affair—let the doctors begin by giving the bodies of their deceased relations, and leaving their own persons for dissection.”—Such is the language of many when the present difficulties in the pursuit of anatomy are mentioned. The postulate is untrue, and the inference is absurd. It is not true that this is the “affair of the doctors”—it concerns the interests and the well-being of no part of the community so little as of the present race of medical men. Nay, it is just the reverse of what the public seem to suppose, for it would be the greatest imaginable advantage to all the members of our profession, already engaged in practice, if the pursuit of anatomical knowledge were rendered still more difficult, or amounted to an absolute prohibition; for then the rising generation of physicians and surgeons would be so avowedly deficient in the very rudiments of the healing art, that they could never become competitors for public confidence while any of those remained who had been educated before these obstacles to the acquisition of knowledge existed. We of the present day might sit quietly down without a fear that any of our younger brethren should ever be able to “push us from our stools.” The motives, therefore, of all practitioners who join in their efforts to bring this matter under the notice of the legislature, must be a disinterested regard to the general weal, even at the expense of their own particular gain.

But the public are very differently situated; and as this is a trading country, we may compare medical advice to a commodity in great demand, which some may affect to despise, but to which all, sooner or later, are obliged to have recourse; and it rests with them to determine whether they will grant a monopoly of this—placing it in the hands of a few, and thus enabling them to dispose of it on their own terms—or whether they will look to their own interests, by adopting such measures as shall at once secure a constant supply, and prevent them from being served with an inferior article. As to the doctors leaving their own bodies, or giving those of their families for dissection, were they to do so, it would contribute little towards remedying the evil; and the idea is founded upon the erroneous supposition that they have not, generally speaking, the same feelings as the rest of mankind. There are few medical men so much above or below the common weakness of our nature, as not to admit the force of the general sentiment; and where, in a few instances, they have left their bodies for dissection, it has been looked upon rather as a mark of eccentricity, than of superior mind. Besides, this, and all similar views of the subject, have the great fault of regarding the dead, and not the living. It is the feelings of the survivors which alone we have to consider, and which would be as much outraged by the dissection of a “doctor” as of any other individual. Trace to its source the general sentiment of repugnance to dissection—remove this, if possible, and nothing farther is required. But if this cannot be done, then the necessity of anatomical pursuits being granted, let the supply of the necessary means come from those who have no friends to claim an interest in them. As society is constituted, the number so situated, we fear, is far greater than would be required.

We mentioned in a late number, that Mr. Warburton had given notice of a motion for the appointment of a Committee to enquire into this subject; and as we have reason to know that the matter has met with the consideration it deserves, from some of the leading men on both sides of the House, we are inclined to hope that some effectual means may be devised for remedying the evil. The question, however, is by no means so simple as it might at first sight appear. The practice of dissection seems repugnant to the strongest prejudices of the people in this country; a repugnance which is by no means limited to the lower classes of the community, but which at present pervades nearly all, and which has unfortunately been increased, if not originally produced, by dissection having been made to constitute part of the punishment of the most aggravated felonies, and thus associated in the public mind with crime and degradation.

It is matter open to discussion, and ought, in our opinion, to be made the subject of deliberate investigation—whether this part of the law ought not either to be abrogated, or rendered more efficient by extending the penalty of dissection to all who have forfeited their lives. The latter would unquestionably produce the more immediate relief; but it is questionable whether the former would not ultimately prove the more beneficial, by removing a principal source of that abhorrence which at present exists against the examination of bodies after death. It is a remarkable fact, that while the medical profession ranks higher in England than in any other country in Europe—giving to the honourable and learned practitioner in the healing art a more eligible station in society than he could enjoy in any part of the Continent—yet that the means of attaining that knowledge on which his science, his usefulness, and, conse-

quently, his moral weight in the community depend, are in no other country so dangerous in the pursuit, or so difficult in the attainment. Much of this certainly depends upon the system of exhumation to which we are driven as a matter of necessity, and which, revolting as it is to the feelings, and contrary to the laws of the land, will always be viewed by the public with abhorrence. This practice, from its very nature, requires that the lowest and most abandoned should be employed in it—because none else will undertake a business so unpopular and connected with such hazard. Accordingly the common executioner is not an object of greater antipathy than the resurrection-men, who are, indeed, regarded by the vulgar as so entirely beyond the pale of the law, that they may be shot with impunity if surprised in the fulfilment of their unhallowed calling.

Less than a century ago, the same horror of dissection which continues among us, likewise prevailed in some of those countries where public feeling has since undergone a complete revolution. In Italy, for instance, this was the case till the time of Benedict the Fourteenth. He, only a private gentleman by birth, by his superior talents and assiduity, raised himself successively, through different gradations, until at length he mounted the Papal throne, where his zeal in the reformation of abuses acquired him the designation of the Protestant Pope. While pursuing his studies at Bologna, his native city, he had often witnessed the extreme difficulty and risk young men were exposed to in procuring bodies for dissection; and the subject occupied his attention after he had attained the tiara. The plan which he adopted was that of endeavouring to undermine the prejudice, by removing some of the circumstances which supported it; and with this view he issued a decree, by which it was pro-

hibited, in express terms, to deliver over for dissection the body of any felon, how heinous soever his crime. All were amazed at this edict, but most of all the doctors, who beheld in it nothing short of an absolute prohibition of anatomy, and the consequent ruin of their art. In a short time after, there followed another Papal decree, but extending only to Bologna, that no patients should be admitted into any of the hospitals without giving their own previous consent, and obtaining the concurrence of their friends, that in the event of death, their bodies should be dissected; at the same time enjoining the utmost decorum to be observed in conducting the process. The effect of this decree, as might have been expected, was, in the first instance, to render the hospitals nearly deserted. No abatement from the letter of the edict was permitted, and, after a time, the necessities of the living became more imperious than their prejudices with regard to their treatment when dead, and the public charities became filled as before. In order to allay the apprehension of any unnecessary indignity to the body, the relations of the deceased were permitted to be present; while, at stated times, these dissections were conducted in public, and all persons engaged in scientific pursuits were invited to attend. These judicious measures had the effect, not only of reconciling the Bolognese to the innovation, but of attracting students from every part of Italy; so that the neighbouring states were soon compelled to adopt the same method, or to behold their anatomical schools deserted. Might not some advantage be derived from the views of this enlightened Pontiff? Is it not impolitic to constitute dissection an aggravation of punishment for the most heinous crimes? At all events, the law at present is imperfect, because the provision it affords is

quite inadequate to the demand it creates. The legislature requires (through the medium of certain established authorities) that any one who practises the healing art shall have professed dissection for a given period, while it affords no means—that is, no *sufficient* means—of complying with this enactment; and, consequently, bodies are procured elsewhere—that is, by methods not only not countenanced by authority, but which are positively illegal. In other words, *the enactments of the legislature can only be carried into effect by violating the law.*

The necessity of some reformation in this respect, is too generally acknowledged to require that we should insist upon it: the great object is to determine the means by which it may be best accomplished. It has been proposed, we understand, to give for dissection the bodies of those who die in the hulks, or similar situations, and of persons dying in workhouses, when they are not claimed; to allow individuals to dispose of their own bodies before death, and to empower their executors, under certain circumstances, to do so afterwards. It is not easy, perhaps, to say what effect the latter of these methods might have. In London, no doubt, there are many who would dispose of the bodies of their relatives, if authorized by law to do so; but the first is calculated to foster, rather than abate, those feelings which, after all, appear to us to constitute the great obstacle to be overcome. It is scarcely credible that, if the idea of indignity attached to dissection were removed, those who, while living, submit their persons to any examination necessary to the restoration of health—who consent to undergo the most formidable operations—and who often present themselves, without shrinking, to the knife of the surgeon—should shew such an abhorrence of the same

treatment after death, when they can no longer feel it. Perhaps one of the considerations which influences the mind under such circumstances, is the implied absence of the burial service and funeral rites; but were bodies supplied under the sanction of the law, there would be no necessity for these being omitted; indeed the price paid for the privilege of dissection, might enable the friends themselves to have these ceremonies performed, instead of their being done by the parish, against which there is generally a great dislike.

Some who have spoken in parliament, seem to have rather odd notions on the subject:—thus Sir J. Yorke is reported to have said, that one of the best means was to allow the poor to sell their own bodies; and that a pauper would not resist the temptation of ten pounds while alive, on condition of leaving his body after death to the surgeon. Does he really suppose that any surgeon would be such a noodle as to pay ten pounds on these conditions, and to purchase of the living man the reversion of his body? A couple of resurrection-men, being one night in search of game, discovered a man in the streets dead drunk; on which—whether in wag-gery or roguery we forget,—they immediately proceeded to secure him in their sack, and carried him off to the house of an eminent teacher of anatomy. Having deposited their load in the dissecting-room, and received their money, they were just going away, when, the drunken man beginning to recover and shew signs of life, the anatomist became aware of the hoax, and, alarmed for his money, called out lustily for the resurrection-men to come back again, for that the subject they had brought was not a dead man;—on which the witty rogues told him to keep him, and kill him when he wanted him. Does Sir J. Yorke intend that we should buy a poor man alive, and kill

him when we want him? We can only make the bargain with a healthy man (the objection to which is that he may die at a distant period) or with a sick man who might recover, or with one dying of a fatal disease, the effect of which on the patient's mind, would probably be of the most unfavourable nature.

It appears to us, that the only rational method would be, to appoint a committee to call evidence and investigate the matter coolly, aided by the opinions of those best able to assist them. We trust, therefore, that the motion of Mr. Warburton will be carried.

MEETINGS AT THE COLLEGE OF PHYSICIANS.

WE mentioned some time ago, that it was intended to have a series of evening meetings at the College of Physicians, for the purpose of bringing the members of our profession together; and we then expressed a very favourable opinion of the tendency of this measure. The first *conversazione* took place on Monday last, and was very numerously attended; indeed, we observed in the room almost all the distinguished practitioners of the metropolis, in every branch of the profession. An interesting paper on *Tic Douloureux* was read by Sir H. Halford; after which the rest of the evening was spent in conversation, and the general impression was strongly in favour of the good taste and good feeling displayed by the President and Fellows on the occasion.

ON THE TIC DOULOUREUX.

By SIR HENRY HALFORD, Bart.

—

SIR HENRY HALFORD having politely given us permission to lay before the readers of the Gazette an account of his interesting observations upon this subject, we subjoin a pretty full analysis of the paper read at the College of Physicians on Monday last, in which, strong evidence will be found in support of the position which it was the object of the learned President to establish—namely, that tic douloureux is frequently connected with, and dependent upon, an affection of the bone.

He observed, that the severest form of the disease was that which occurred in the 5th pair of nerves, and that it might be distinguished by its intensity from the milder species affecting the nerves of the extremities, or other parts, and which often depends upon impaired digestion. The latter, for the most part, yields to general remedies; the former seldom does so. The fact of the division of the nerve, and cutting off its communication with the brain, so frequently failing to cure the disease, was mentioned as sufficiently proving that the seat of the pain is not always the seat of the disease; and the unsatisfactory nature of all the pathological explanations hitherto proposed was briefly alluded to.

“ May I venture (said Sir Henry) to throw out an opinion, founded on the observations with which my experience has furnished me, that the disease is connected with some preternatural growth of bone, or a deposition of bone in a part of the animal economy where it is not usually found, in a sound and healthy condition of it, or with a diseased bone?

“ The following cases have occurred to me, and seem to give a degree of probability to this surmise; and I throw it out for the consideration of the profession, in order that a number of facts may be collected, from which a safe inference at length can be drawn.

“ A lady, 40 years of age, suffered under the violent form of tic douloureux, at Brighton, notwithstanding the careful attention and skill of a very judicious physician there. On returning to town, it was observed that the rending spasms, by which the disease is marked,

were frequently preceded by an uneasiness in one particular tooth, which exhibited, however, no signs of unsoundness; but the constancy of this symptom was enough to justify the extraction of the tooth in this instance, (though the failure of this expedient to afford relief in general does not encourage recourse to the operation,) and on its being drawn, a large exostosis was observed at the root of the tooth, and the lady never suffered more than very slight attacks, and those very seldom, afterwards.

“ The D. of G. was attended by Dr. Baillie and myself, for six weeks, under this disease, in its most marked and painful form, without deriving benefit from our prescriptions. At length we thought it best to advise him to repair to the sea-coast, in hopes of renovating his shattered system by taking bark there. After he had sojourned a month by the sea-side, a portion of bone exfoliated from the antrum highmorianum, and the D. recovered immediately, and has never suffered the disease since. The bone had been hurt, probably, by a fall from his horse, which the D. had met with some months before.

“ The late Earl of C. underwent martyrdom by this disease, and excited the warmest sympathy of his friends by the agonies he sustained for many years. He submitted to the operation for the division of several branches of the 5th pair of nerves repeatedly, by Sir Everard Home and by Mr. Charles Bell, without obtaining more than mere temporary relief. At length he was seized by apoplexy, and lay insensible for some days, and in great peril from the attack, but finally recovered. After the apoplexy, the paroxysms of the tic douloureux became less frequent and less severe, and were administered to satisfactorily by an ingenious physician, who wrote his inaugural exercise on the disease. For the last year or two of his life, his lordship had ceased to suffer from the tic, and died at an advanced age, without any marked malady. His head was not examined after death, and therefore we are left to conjecture only what might have been the immediate cause of his former sufferings. Whilst I attended him, he underwent repeated exfoliations of the alveolar processes of the teeth, which I thought occasioned his torment; and to account for the cessation of the complaint, I

supposed that these efforts to throw off diseased portions of bone might have ceased, or that the apoplexy had disqualified the nerves for suffering so exquisitely; but there might have been besides, as some later instances have made probable, disease in the bones of the head.

The late Dr. P. fell a sacrifice to this dreadful disease, after sustaining its tortures for some years, with a constancy which attracted all our pity and esteem, and died at last under apoplexy. No assistance which the experience of any of us could afford him, gave him relief, or controlled the violence of his attacks. On examining his head after death, there was found an unusual thickness of the os frontis, where it had been sawn through above the frontal sinuses, and at its juncture with the parietal bones. There was discovered also on the falciform process of the dura mater, at a little distance from the crista galli, a small osseous substance about $\frac{3}{8}$ of an inch in length, rather less in breadth, and about a line in thickness. The vessels of the pia-mater were turgid with blood, and about an ounce of fluid occupied the ventricles. I lamented that the frontal sinuses had not been examined, for I remember he replied to a question which I once put to him, as to his ever having experienced any suppuration within any bony cavity, that he had twice suffered suppuration in the frontal sinuses. Dr. P. had submitted, with great patience, to a division of several branches of the 5th pair of nerves, under the judicious operation of Sir A. Cooper, who, on my mentioning to him the notion I entertained of the cause of tic douloureux, was so obliging as to shew me the skull of a person who had died of this disease in the country. The internal surface of the frontal bone is a perfect rock work."

All the preceding cases had fallen under Sir Henry's own observation, and he added one communicated to him by a physician of high character, in which a lady suffered from this complaint for nearly ten years, and at length died of apoplexy. An enormous thickening of the frontal, ethmoidal, and spincidal bones was found; there was also general thickness of the cranium, but not to so great an extent.

In these instances, there certainly is every reason to believe that the preter-

natural condition of the bones had proved the exciting cause of the disease: but, as the learned President observed, there are other cases in which no such immediate cause of irritation can be discovered, so that it is probable that the nerves, in these, are affected by sympathy with various parts. Several examples were mentioned in illustration; among others, that of a boy, 11 years of age, in whom a dose of rhubarb was followed, three different times, by an epileptic fit; and that of a lady, in whom the same medicine produced severe stranguary, which she stated to be the constant effect of that medicine on several of the members of her family. Sir Henry also alluded to the disturbance sometimes produced by an issue, mentioning that Dr. Darwin was once called to a young lady labouring under epilepsy; finding that she had an issue on the arm, "without one word of remark, he filiped the pea from its place, and the young lady never experienced an epileptic attack afterwards."

ON THE
CHARACTER OF THE LANCET.

LETTER III.

To the Editor of the London Medical Gazette.

Districtus ensis cui super impiâ
Cervice pendet, non siculæ dapes
Dulcem elaborabunt saporem,
Non avium citharæque cantus
Somnum reducent. ————— HOR.

SIR,

It was not my intention to follow up my last communication so immediately, but to give THE LANCET a week's intermission, at any rate: there are, however, one or two points—both of criticism and question—which it is not expedient to postpone at all.

You cannot have failed to remark the altered language, and subdued spirit, which—in the number next following his libellous lithotomy report—pervaded the leading article of the pseudo-literary bravo. He was frightened at the length to which he had carried his unprincipled assertions, and endeavoured—with all the sadness of dissimulating sophistry—to unfix the already rivetted public attention from the damning evidence of his prepense ma-

lignity. The personality which disgraced the *report* was discarded there; and he alluded, with almost *unnecessary* respect, to the many private virtues, and amiable and popular manners, of the individual whom—but a week before—he had so rancorously maligned. He even went so far as to contradict himself, and stated—*totidem verbis*—that “he did not impugn the surgical skill” of the operator! when he knew in his heart that he was penning a base falsehood, for the cowardly, but futile purpose, of mitigating, by such *after passage*, the award of indignant justice.

But the *measure* which has been subsequently adopted, was then only the rumour of the hour; and the sense of his *unassured* impunity, during that interval of suspended decision, cowed his instinctive ruffianism into the gentleness that fear engenders. From this unnatural state, however, his leading article of last week furnishes symptoms of unequivocal emancipation. He is facetious on a detected *trip* in grammar—the *lapsus calami* of a better writer than he is—and philologises like SYNTAX himself. In the dearth of all available matter to this unhappy caviller, he has pounced upon a simple phraseological inaccuracy, to amuse his readers through two columns and upwards of unmeaning impertinence; and the erratum of a printer’s devil is magnified into editorial ignorance: as if *he*, Sir, THE LANCET, never committed blunders himself, or dwelt upon these for any *other* purpose, than to operate a diversion from the graver question of his own delinquencies.

As he laughs at the “erudition” of others, permit me—before I touch upon heavier matters—to set before you some *specimens of his own*. In his eleventh volume, at page 52, he talks of the “*Employèes*”—(*Employés*)—of St. Bartholomew’s hospital: meaning *not* women, but men! But if he *meant* women, the word is not the less *direct and positive nonsense*. There is *no* such accent in the whole French language for participles, as this *fanciful one* of THE LANCET: and if there were, there is no instance of the *second e*—which is the *feminine distinction—being ever accented at all*. As the word stands, therefore, in its *Lancetography*, it is a precious sample of the writer’s proficiency in *French spelling*; nor will the general character of *such French* as THE LAN-

CET attempts, admit of its possible convertibility into a mistake of the printer. Let THE LANCET take my advice, and the next time he is desirous to *show off* his profoundness in the French language, *look* before he *leaps*: the veriest *femme de chambre* might save him from a world of exposure. “*Agrège*”—which is a blunder of the same kidney—and “*hors du combat*,” are other specimens of his *elegantia gallicæ*! In his attempts to prove his familiarity with the *Classics*, he is more unfortunate still:

“*Sequiturque patrem, sed non passibus æquis!*”

“*Sum pius Æneas.*”

— *famâ super æthera nota!*”

“*Non est nobis inter vos tantas componere lites!*”

are instances which all occur in one and the same *leader*—see volume 5, page 301—and constitute a rich cluster of quotation, such as a *niche in a modern Dunciad* could alone adequately remunerate.

But these are playful and pleasant skirmishes in the rosier fields of literature, unmeet for such encounter as THE LANCET. He does not deserve, that—with him—the brows of a severer criticism should be ever unbended, so as to joke about style and language. It is immaterial in what tropes and phrases the out-pourings of his pestilent spirit descend among us, so long as the fairest fames in the profession continue to slake the rage of such a deadly vampire.

Now, Sir, let me ask him one or two questions—he may answer, or hold his peace—but they suggest themselves irresistibly at this moment. And first: When he signified, in his last number but one, that he would appear in his *own person* to the action already begun against him, had he not a *latent* reason for announcing such intention, far *weightier* than the one assigned? When, in fact, he said that he would *not entrust his case to a lawyer, however eminent and highly gifted, had not his brief been refused by the eminent and highly-gifted counsel who formerly defended him?*

I know he will deny this, if denial serve his turn: I know that “the *THING* will not hesitate to utter a *lie*, if it believe that it is its interest to do so:” but at this time of day, upon *what* credulity—less expugnable than that of a slaving idiot—does THE LANCET ever hope to again impose?

No, Sir: I do not affirm that MR. BROUGHAM HAS RETURNED HIS BRIEF, but I ask THE LANCET, whether he is bold enough to assert the contrary?

Secondly: Is THE LANCET acquainted with a *barrister*, who is more versed in the virulence of leading articles, than in the technicalities of drawing briefs? Dwells there—or dwells there not—in the Temple a lawyer of this description, whose *retainer* is notoriously for matters foreign from forensic advocacy? I forbear to prick him with any *keener* allusions, but let him *deny* the knowledge of such a barrister, if he *can*. Let him *deny* that such a person, as I have here described, was introduced to THE LANCET—proh pudor!—by one of the first ornaments of the scientific world; and that he is, *even now*, a familiar in its degrading service—

Et belli signum LAURENTI fulminat arce!

There is yet another question, Sir, to which—if he would only reply with candour—I have no doubt THE LANCET'S answer would give general satisfaction: but he will receive it in dogged silence. Has not his *sale* greatly diminished? I have no desire to push him to extremity on this point; but is he not aware, that in the neighbourhood of *two schools* alone there is a falling off last week of SEVERAL HUNDREDS in his circulation? *He dies, and makes no sign*, but I told him from the first how it would be! The disgust which he has excited is hourly thickening round him, and the crush of his own unpopularity is bearing him headlong to the ground.

Swift as a *falling fire*, unsphered he'll fly,
And Night enfold him in her pitchy sky!

CHIRON.

ANSWER TO THE QUERY REGARDING A BARTHOLOMEW PUPIL.

To the Editors of the London Medical Gazette.

GENTLEMEN,

IN consequence of a notice to correspondents, contained in the Gazette of last week, enquiring whether “the short-hand writer who reported Mr. Abernethy's lectures for the Lancet (a non-professional man) had been admitted, by Mr. Lawrence, as a surgical pupil at St. Bartholomew's,” I had determined to confer with Mr. L. on

the subject, on Saturday last, and to ask him relative to the truth of the above report. In the meantime, Mr. L. had read the paragraph, and sought an interview with me after the operations at the hospital. In reply to the questions which I then put, Mr. L. admitted that a pupil had entered under him, who was generally believed to be the short-hand reporter of Mr. Abernethy's lectures, but stated that he was not aware of his having sent any hospital reports to the Lancet, and that he believed him to be a regular medical student, as he had attended his and other lectures in Aldersgate-Street. In consequence of this statement it was my intention to have made a direct application to the pupil in question, and to have required from him an explicit avowal whether or not he was the author of the false and slanderous reports which from time to time had appeared in the Lancet; and in the event of the slightest equivocation on his part, it was further my intention to have returned the pupil's fee, and to have refused him the entrée to my wards; in the propriety of which measure Mr. Vincent fully concurred, and expressed his determination to adopt the same course with respect to the individual in question. I was, however, spared the unpleasant necessity of calling for such an explanation, by the gentleman waiting upon me this morning; and, unsolicited, making a solemn declaration that he had never in the whole course of his life written a single hospital report. In reply to my inquiries respecting his being *bonâ fide* a medical student, he distinctly avowed that he had always intended to follow the medical profession, and had entered himself as a pupil purely for the purpose of prosecuting his studies. He further acknowledged that he had been employed occasionally by the editor of the Lancet as a short-hand writer, and that he had reported some of Mr. Abernethy's lectures whilst attending him as an anatomical pupil. Lastly, he expressed his willingness to retire, if his continuance at the hospital would be at all obnoxious to me. In a conference subsequently held with my colleagues, Mr. Vincent and Mr. Lawrence, the latter gentleman expressed his regret that he should not have communicated with Mr. Vincent and myself before he admitted a gentleman under the doubtful circumstances above stated, and without hesitation offered, if it

was our wish, to return the pupil's fee, and to withhold from him the privilege of attending the hospital practice. After the repeated solemn assurances, voluntarily tendered by the pupil in question that he was not the hospital reporter of the *Lancet*, and after the *amende* offered by Mr. Lawrence, neither Mr. Vincent nor myself considered it necessary to urge this point further, conceiving that the above explanation would be satisfactory to the profession at large. If the above statement of facts should be considered of sufficient importance to be inserted in your next number, you are perfectly at liberty to publish it as emanating from,

Gentlemen,

Your most obedient servant,

HENRY EARLE.

88, George Street,
Monday, April 14, 1828.

HOSPITAL REPORTS.

MIDDLESEX HOSPITAL.

Case of Fracture of the Scull, with Depression.

Treated by Mr. Joberns.

CHRISTIANA BROWN, æt. 4½, was brought into the Middlesex Hospital about five o'clock in the afternoon of the 13th March. It was stated that she had been knocked down and trod upon by a horse. She was insensible, vomited frequently; her breathing was rather laborious; the pupils of both eyes were dilated. Upon examining the head, no appearance of contusion was seen; but on pressing with the fingers behind the right ear, a depression of the scull could be felt. An incision was made at this part, and on removing some loose membrane, there was exposed a stellated fracture, with depression to about the quarter of an inch. Two fractured portions, with one smaller piece, were seen shelving towards a depressed pit, from which, as a centre, the fissures radiated. The bones were so firmly impacted together, that the lever could not be introduced between them; the cranium saw was, therefore, taken, and one of the fissures was enlarged, by cutting out obliquely a piece of bone, forming a rut or groove into which the lever could be inserted. The instrument was readily insinuated beneath the fractured portion,

which was then elevated and picked away. After this the two other pieces were removed without any difficulty. The rough edges, and the corners of the bone, were now made smooth. A considerable extent of the dura mater was exposed, and it appeared uninjured. On looking to the plates of bone that had been removed, their thickness did not exceed that of common card paper. The flaps of integument were brought over the vacuity left in the scull, and kept approximated by adhesive straps. A thin compress was applied, and over this the head roller was lightly bound. A cold lotion was ordered.

At the commencement of the operation the child was quite passive, and showed no signs of sensibility; but as it proceeded she began to cry, and to struggle, by degrees more and more. When the operation was over, she opened her eyes and looked around, whining and calling out for her mother. Nevertheless she was drowsy, and continued to vomit. The pupils were observed to be contracted when the candle was placed before her eyes. During that night she was sick, and cried a great deal, complaining of pain in the head. In the morning she appeared restless, fretful, and heavy. Her bowels were opened, having taken a powder composed of two grains of calomel and of extract of jalap. It is unnecessary to give regular daily reports of the little girl's progress. In two days she had regained her natural liveliness, and then her skin, pulse, tongue, and state of the bowels, indicated that every thing was proceeding favourably. When the wound was examined, some pus was collected between the edges: a pledget of oiled lint was introduced between them, and the lips of the incision were held together by the compress and bandage, without the adhesive straps. In a few days after this she was found sitting up in bed, amusing herself with some toys, along with another child in the ward.

March 28.---This child has been out of bed, sitting by the fireside, appearing as if there were nothing the matter with her. The lips of the wound are not much apart, so that the extent of the dura mater uncovered by the scalp is very small. The brain can be seen pulsating. The granulations have sprung up so as nearly to be on a level with the scalp, except in the centre. The discharge of the matter is free.

April 8.—The child is quite cheerful, and in every respect doing well.

There has been no occasion to give this child any medicine since the first night. Attention has been paid to her diet: cold lotions have been kept applied to the head.

REMARKS.—We have here an instance of a serious injury of the skull, being followed with no alarming consequences. What are the circumstances which have rendered this so simple and so favorable a case? The age of the child is undoubtedly the most important thing to bear in mind. The texture and the junction of the bones of the skull, and the consistence of the brain, are very different in the child from what they are in the adult or the old person. In children the bones are soft and elastic, and the brain has a corresponding character: but in the old person they are dense and unyielding. It is natural, therefore, to expect that the consequences of blows upon the head must be different in each. In the child, the injury will be confined to the part which is struck, because the softness and pliancy of the bones prevent vibration: in the old man, on the contrary, the effects of the blow will extend through the whole skull, which rings almost as if it were a case made of metal; and thus a percussion or impulse is communicated through the whole brain. Now it is this general shock, or concussion of the brain, which is chiefly to be dreaded in injuries of the head. Suppose a child falls upon the carpet and strikes its head; it rises again quickly, and a bump upon the integument is perhaps all the evil: but should an old person meet with a similar accident, death is the consequence.

Another peculiarity in the child's skull, consists in the closeness of the attachment between the pericranium, the bone, and the dura mater. In the adult, but especially in the old person, these membranes can be detached from their connexion with the bone with comparative ease. Here, then, we have a reason for not interfering much with fractures of the skull in children, or trusting much to nature.

Mr. Bell remarked, in a lecture upon this case, that the adult bone, being fractured, is generally shaken from the dura mater: while this does not necessarily take place if a portion be depressed in the child's skull. This affords a double reason against operating in infancy,

since the bone continues alive, although depressed; and in lifting it there is danger of tearing the dura mater. In this case the employment of the trephine was avoided. The thinness of the skull, and the close attachment of the dura mater, are both strong objections to using it in young children.

It was remarked that during the progress of the operation the child became more and more roused; awakening as it were out of its oppressed condition: and when the operation was finished, it showed evident signs of sensibility being returned. But we must not conclude at once that this was altogether owing to the removal of the depressed pieces of bone, or because the brain was relieved from a state of compression. Indeed, it appeared obvious, from the kicks and struggles of the child, that the improvement which was observed upon the child being set free, had taken place a considerable time before the bones were elevated. And this may be ascribed to the cutting with the knife, and the pain which the child suffered from the continued fingering and pressing of the cut edges of the scalp. The excitement produced by the pain and suffering, affords a more satisfactory reason for the improvement generally observed after such operations, (but which is commonly only deceptive) than that commonly given; viz. that of the compression being removed from the origins of the nerves.

ST. THOMAS'S HOSPITAL.

Cases treated by Dr. Elliotson.

Dilatation of the Right Auricle.

J. M'C. æt. 22: admitted Dec. 13, 1827. Had for some time before admission a trifling cough, increased by slight exposures, and latterly occasional palpitations, produced, or, if already existing, increased by unusual exercise.

When admitted, he was somewhat emaciated; complained of cough, with copious expectoration of frothy mucus, floating on abundance of serosity; hoarseness; dyspnoea, increased on exertion; slight palpitations; occasionally starts in his sleep, and frequently wakes in the morning somewhat "flurried." *Pulse 98, of moderate fulness, and regular.*

Percussion afforded nothing preternatural. Auscultation detected a "loud noise at the right and upper part of the cardiac region, loudest in the situation

of the right auricle; impulsion as usual. Mucous rattle over the whole chest superiorly; no pectoriloquy."

He was cupped in the cardiac region, and took the vin colchici, 3ss. ter die, with but trifling relief; and subsequently a blister was applied over the chest, and the extract of henbane, with occasional doses of antimonial wine, given for a few days with better effect; but the cough shortly increased, and the report states—

Jan. 2.—"He has severe diarrhœa. The noise in situation of right auricle continues. Mucous rattle, particularly at superior part of right lung, more evident; and *pectoriloquy*, with tracheal respiration, now detected in that situation. Expectoration puriform—not sanguinolent." Took tinct. catechu with benefit; and during February, with a few leeches to the throat (for the hoarseness), and a blister to the chest, he continued, apparently, somewhat better; less cough, dyspnœa, and palpitations;—*but the stethoscopic indications continued the same.* Early in March, however, all his symptoms rapidly increased, the diarrhœa returned, he emaciated quickly, and on 26th died.

Sectio Cadaveris.—The lungs did not readily collapse; both studded with tubercles, particularly at the superior part, in various stages of development; they had softened, and left a cavity in right lung, where pectoriloquy had been detected. The mucous membrane of larynx much thickened, particularly about the sacculi laryngis. That of the bronchi also considerably injected and thickened. Heart: pericardium healthy; every part of the heart natural, except the right auricle, which was dilated.

REMARKS.—There are several points of considerable interest, in the diagnosis of the above cases*. We have endeavoured to give their general, as well as stethoscopic indications, in order to consider, first, the question—Was the cylinder of any, and what, value in them? In the first case, the general symptoms were certainly such as could leave no doubt that disease of the heart existed; and in that, its value was probably confined to confirming them;—but in the second case, the symptoms of diseased heart were very obscure, and by no means sufficiently strong, until the stethoscope was applied, to

warrant decided opinion;—the mystery, however, then shortly disappeared, and an opinion could not only have been given that disease really existed; but its situation and (probably) its extent might have been pointed out.

Secondly, we refer more particularly to the stethoscopic phenomena. From the exceedingly tumultuous and irregular action of the heart (in the first case), and from the very varying condition of the pulse, Dr. Hodgkin gave it as his opinion that disease of the mitral valve would be found. In this Dr. H. was correct: and it is well worth remarking, as authors are not agreed on the subject, and the opinion, it appears, was founded on experience.

The other indications are also interesting. The stethoscopist, after reading the case, would expect (as, indeed, was predicted by the writer and others) that there existed hypertrophy of both ventricles, the impulsion being equally strong in the situations usually occupied by each. It would, therefore, appear that cases may now and then occur, in which it cannot with certainty be detected whether hypertrophy (with dilatation) exist in the left only, or in both ventricles. This calls to the writer's recollection, an opinion once expressed to him by a celebrated auscultator in the West end of the town—"that it was impossible (by placing the cylinder in certain situations, or otherwise) to distinguish hypertrophy, or dilatation, of one side of the heart from the other; but that we pronounce the former to be on the left, and the latter on the right side, from their being almost universally so found." We stated, at the time, our doubt as to its accuracy, and think the present case merely an extraordinary exception to one of Laennec's rules. The second case shews most unequivocally the powers of the stethoscope, and bears also upon the above (if it is correct) important opinion. The increased sound was heard directly over the right auricle; it was pronounced to be dilated, and was found so—no other morbid lesion of the heart being present. We shall, however, at a future period, return to the subject, and probably maintain our position as to the above opinion, by bringing forward a case (if, unfortunately, an opportunity offers of inspection post mortem) in which we ought to find hypertrophy of right ventricle only; and this would settle the point.

* One of these cases was given in our last No.

Severe Case of Anasarca.

CELIA JONES, æt. 50: admitted March 6th into Dorcas ward, and the following account of the symptoms taken:—
 “The whole body is considerably swoln; the extremities (the inferior in particular) more than double the natural size, and pitting on pressure; the abdomen much swoln, and fluctuating; the countenance evinces great anxiety; face œdematous, with a general dingy cast; lips *very* livid; urgent dyspnœa; is unable, for an instant, to assume the recumbent posture; constant (but sometimes more severe) palpitations, with a sense of ‘fulness and suffocation’ about the cardiac region, and extending to the larynx; no pain in chest, but wheezing on respiration, with severe cough, and copious expectoration of thick tenacious mucus, with some serosity; pulse *very* small, irregular, and intermitting; urine scanty, not albuminous; bowels open; and, moreover, she complains of great weakness, with anorexia.

“Percussion affords a clear sound, except over a large præcordial space. The ear detects a loud bruit de soufflet at the ventricular contractions, particularly loud towards the left nipple; the sound of the ventricular contractions not very loud, those of the auricular scarcely audible; but still there is scarcely any impulsion. The heart’s action is, however, very confused and irregular, and felt over a large space.”

Respiration nearly concealed by a loud “mucous rattle.”

“It appears that for five or six months she has had some dyspnœa, with palpitations, increased by exertion; and to these, during the last month, a cough, with inability to lie down, and swelling of the body, have been added, which symptoms have gradually increased (without pain) to their present severity.”

R Elaterii, gr. j. statim et cras mane sumend.

8th.—The elaterium has griped severely and purged copiously, but still the swelling has rather increased than otherwise. Pulse continues small, but the surface is tolerably warm. No relief to the dyspnœa, &c.

Repet. Pilula Elaterii quotidie.

11th.—The pill was taken on the 9th and 10th, as directed, and produced very copious watery evacuations, in the night of the 9th near two gallons having

passed: it increases also very much, according to the patient, the secretion of urine. The pill has not been taken to-day, the surface being cool, the extremities in particular. The swelling over the whole body, but particularly the upper extremities, face, and abdomen, considerably diminished. Cough and dyspnœa continue, but face is not so livid.

Pergat.

Ord. Vini Rubr. $\frac{3}{4}$ vj. quotidie.
3 Pints of Milk.

13th.—Continues improving; copious evacuations from pills; takes the milk and wine; surface is warmer; slept tolerably last night, and can lie more recumbent; cough and palpitations not so severe; but the bruit de soufflet and irregularity of the pulse continue.

Pergat.

15th. Much less swelling; elaterium has griped and purged very severely; motions watery; urine pretty copious; pectoral symptoms improving; she is, however, very weak; pulse exceedingly small, and extremities require enveloping in flannel.

Omit. Elaterium.

18th.—Much better; urine plentiful; bowels open freely since the elaterium has been discontinued; swelling subsiding.

She took no further medicine till the 29th; the anasarca continued to disappear, and at this date the swelling had subsided: she was enabled to lie down; her cough was much less; she complained now of some pain in the region of the heart, darting to the scapulæ and left shoulder.

Ord. Acid. Pruss. gr. ij. ter die sumend.

April 3.—The cough nearly gone; the pain complained of at last report cured; she continued gaining strength, and is now (she says) *quite well*. The stethoscope, however, shews, that disease of the heart still exists; but for this, of course, medicine would be useless.

Albuminous Urine.—Disease of the Kidneys.

DR. BRIGHT’S views (contained in his last work) respecting the connexion of albuminous urine with a peculiar disorganization of the kidneys, received an unexpected confirmation, a short time ago, at Guy’s hospital.

A man, past the middle of life, died of apoplexy, after being in the hospital

but a short time; and on examination, post mortem, in addition to the appearances (which need not be enumerated) immediately connected with his death, the kidneys were found as described by Dr. B. This led to an examination of the urine contained in the bladder, and it was found albuminous.

The subject ought, however, (the writer conceives, from numerous cases to be met with, apparently opposed to these views,) to be considered as still undecided. Great praise is certainly due to Dr. Bright for his exertions, but let us hope, not only that they will be continued in this useful employment, but that he may have numerous fellow-labourers; that, by the collection of a multitude of facts, the great and important differences of opinion at present existing on the subject, may either be reconciled, or the correct view pointed out.

S.

HOTEL DIEU.

Fracture of the right Malar Bone, with Depression.

Treated by M. Dupuytren.

AT No. 36, in the ward of St. Agnes, was a man who had received a violent blow upon the cheek, which produced a considerable tumefaction. He had at the time a bleeding from the right nostril, and there was a marked depression in the region of the cheek; pressure produced a manifest crepitation. M. Dupuytren, upon this occasion, mentioned the case of a female, who was overturned by a cabriolet running against the carriage in which she was riding, and, in the fall, the left cheek-bone struck against the wheel of the cabriolet, and was broken. The great swelling that immediately took place concealed the nature of the accident; but the following day the fracture was apparent, and, in this instance also, there was a bleeding from the nostril of the same side. The professor remarked, that, to cause a fracture of the malar bone, with depression, the following circumstances must be present: the blow must be violent, the cheek prominent, the person must be thin and aged; the development of the maxillary lines then renders a depression easy, which would be more difficult at a less advanced period of life. No method of reduction was tried; but means were taken to reduce the inflammation; and

the patient left the hospital with very little deformity.

Strangulation of the Penis by two Purse Rings.

A BOY of 12 years of age, living about eight leagues from Paris, passed his penis through two purse rings, made of copper; he was unable to remove them; pain and tumefaction ensued; the boy concealed his sufferings, and it was only after the lapse of a month, finding them insupportable, he communicated his condition to his parents, who sent him to the Hotel Dieu, where he was placed under the care of M. Breschet, in the ward of St. Paul, No. 51. On the 19th March, M. Breschet had him carried to the operating theatre. The penis was very much tumefied, and a deep strangulation, with ulceration, existed towards its root. With a probe, a foreign metallic body was felt at the bottom of this strangulated portion; a strong pair of scissars were carried down to the spot, but the foreign body slipped, and M. Breschet perceived that it was double;—he then took two cutting forceps: with one of these, an assistant fixed these rings, and with the other they were cut, without much difficulty. The strangulation in this case was not so great as in many that have been recorded; the flow of the urine had not been impeded, and the penis was not threatened with gangrene. Since the operation, the tumefaction of the penis has diminished, but it is still very considerable, and if it does not disappear in a day or two, M. Breschet proposes to perform the operation of phymosis.

Simultaneous Luxation of both Arms.

A LABOURER, bearing a heavy load, fell forwards, and attempting to save himself, threw out both his hands: an acute pain in each shoulder, and a luxation of each os humeri, was the immediate consequence. The patient was brought to the Hôtel Dieu on the 1st March: in the evening this double luxation was immediately detected and reduced. We notice this case, because we believe it to be singular in its kind; at least we do not think that such another has been recorded.

PORTFOLIO.

ECCLESIASTICAL MEDICINE.

THE history of medicine in this island during the dark ages, is similar to that of all barbarous nations ; among whom we always find the offices of priest and physician combined. On the introduction of christianity, the clergy, who possessed all the little learning of the times, necessarily practised the healing art. The venerable Bede informs us that Theodore, Archbishop of Canterbury, gave lessons in practical medicine to the monks ; and tells us, amongst other of his precepts, that he forbade bleeding in the first quarter of the moon. During the seventh and eighth centuries the schools of the English ecclesiastics were frequented by students from France and Germany, and the Emperor Charlemagne collected at his court a society of learned English, most of whom were skilled in physic. The higher order of clergy at this period were not ignorant of the writings of Celsus and Cœlius Aurelianus. Like the priests of Æsculapius, the monks aided the effect of their bodily remedies by the influence of superstitious practices, and the relics of saints and martyrs were employed largely in the cure of diseases. Inconveniences of course resulted from this union of the two professions, and the dignitaries of the church were prohibited by the decrees of several councils from practising medicine: the lower clergy, deans, subdeans, and monks, were permitted to administer internal remedies, but not to perform any operation; they were interdicted the use of the cautery and the knife. Medical reputation seems, however, to have been often rewarded by ecclesiastical preferment: thus we find that Nicolas de Ferneham, physician to Henry III. was made Bishop of Durham. John Phreas, an Englishman, who was originally a student of divinity, and afterwards acquired great reputation as a physician at Rome, was created Bishop of Bath and Wells by Pope Paul II. but he died before his consecration, and Hugh of Evesham, a celebrated physician of the thirteenth century, was made a Cardinal by Martin IV. The monks were in the habit of leaving their convents to study medicine, and this practice was repeatedly prohibited by the Popes and by the councils; and though the repetition of these decrees prove that they were not readily obeyed,

they had the effect of degrading the medical profession, and of encouraging superstitious practices and medical miracles.

Although the monks were discouraged from practising, the patron saints of each convent might still be invoked with advantage. The saints seem, for the most part, to have confined themselves to the cure of a particular disease, and there was a saint for every one. St. Petronilla practised in fevers; St. Otilia in sore eyes; St. Apollonia in tooth-ache; St. Roque and St. Sebastian in the plague; St. Liberius cured the stone. St. Felicitas was the Juno Lucina of these times, and she always insured boys; St. Benedict saved those who were poisoned; St. Germanus was famous in the diseases of children, but he required for his fee a white loaf and a pot of good ale. St. Wilgaforte (famous for praying for a beard to protect her virtue, and getting one as long as the Persian king's) obtained the name of St. Uncumber in England; because, for a peck of oats, she would uncumber any woman who was tired of her husband—we presume by speedily taking him to God's mercy. That such a superstition prevailed we have the authority of Sir Thomas More. St. Anthony and St. Vitus still have their names associated with well known diseases*. The Virgin Mary cured every thing, and indeed did the saints upon a pinch, but in general each was called in only in his particular line. Happy was the patient who in those days trusted to the saint rather than the doctor!

GILBERTUS ANGLICUS.

THE first systematical writer on medicine in England was Gilbert English, better known by his Latin appellation of

* In the legend of St. Vitus there is nothing concerning his dance. It represents him as a boy, born in Sicily, flying with his nurse and her husband from the persecution of a Pagan father; curing Diocletian's daughter of a devil; and being put to death by Diocletian; after as many miracles as might furnish story for a pantomime. Bread dipt in oil at his shrine was believed at Rome to prevent hydrophobia in those who had been bitten by a mad dog. But the true and odd part of his history is, that the people of the isle of Rugen, when the monks of the monastery of Corbey were endeavouring to convert the Slavonic nations in those parts, "ad Christi et S. Viti cultum" rejected the former, but took the latter for the God: made Sanctus Vitus into Swantewith: put four heads upon his image, (which are not too many for the legs and arms of him which might be counted up) and remained St. Vitists after a manner of their own, till the island was conquered, which was not till after all the neighbouring people had been converted.

Gilbertus Anglicus. There is some doubt about the time in which he flourished, most probably about the end of the 13th century. His *Compendium Medicinæ* is still extant, and is chiefly taken from the Arabic writers, which at that period were to be read in the Latin translations recently made in Italy. The learning of Gilbert would not have mastered the original. It is curious to trace the way by which Galen and Hippocrates became first known to those barbarians who had obtained possession of the western portions of the Roman empire. Very soon after the conquest of Syria by the Saracens, Galen was translated from a Syriac version into Arabic. At the time the Mahomedans had over-run Spain, the rest of Europe was occupied by barbarians, and the Moorish universities in Spain were the only places in Europe where medicine as a science existed. In the 11th century Constantine Africanus translated several medical treatises from the Arabic into Latin, and through the medium of this double translation Galen first became imperfectly known to the monks who practised physic. It was long before Hippocrates was read, or even known, except as connected with Galen; and down to a very late period the latter was considered the greater medical authority of the two.

In his *Compendium Medicinæ*, Gilbert English combines the jargons of the Arabian schools with the superstitious practices of the age in which he lived.

JOHN OF GADDESSEN.

HE was soon superseded by John of Gaddesden, whose *Rosa Anglica* is in every respect a very remarkable production; but chiefly valuable as affording us a specimen of the moral and medical attainments of the principal physician of his time. John was a lecturer at Merton College, and physician to the king, (probably Edward II.): he may therefore be considered as one of the most regular practitioners of those days. In forming our estimate of the character of John of Gaddesden we should, in common justice, remember the age in which he lived, and the low estimation in which the medical profession was then held. Most assuredly the *Rosa Anglica* proves that quite as high a rank was assigned to the professors of physic as they then deserved. Honest John manfully avows his first object to be the securing a goodly guerdon for his labours, and

recommends his brethren always to stipulate for their fee before they undertake the treatment of a patient, and particularly in dropsical cases. He professes to have cured twenty patients labouring under this disease with spike-nard, a medicine which he says should never be given unless the honorarium be first paid. He makes a very decided difference in the remedies which are proper for the rich and the poor. In one place he says, "these waters are for the delicate, for the rich, for ladies; and moreover they are secret, and should not be revealed to the laity." His book is full of scholastic divisions and subtilties, derived from the Arabian Galenists, blended with many superstitions. He distinguishes the different species of convulsions into those which are derived from an accidental, a nutritive, or a radical humour; and in the last case they vary according as the body has lost either of the radical moistures which he calls "*ros cambium et gluten*." The practice of the author was worthy of his theory. A few specimens will suffice: for syncope, palpitation, and all affections of the heart, he recommends his golden powder, and gives the following prescription:—

R Limaturæ auri drach. 1. Been albi et Rubri ana drach. 4. Margaritarum perforatarum et non perforatarum ana drach. 1. Ossis de corde cervi drach. dimid*.

Of this powder a portion was to be mixed with all food or drink given to the patient. Some of John's nostrums were less costly. He says, "*Vidi enim ubi omnia medicamenta contra fluxum sanguinis non valerent, statim curatos stercore porcino pulverisato injecto†*." And again, in his chapter "*De fœtore narium et oris*:"—"Asinorum urina est ex melioribus lotionibus et infusionibus ad fœtorem narium." A remedy not to be expected in the "*Rosa Anglica*." No branch of the healing art was beneath the attention of our author: he boasts of his skill in surgery, particularly in dislocations: as an oculist, he possessed many resources, particularly a secret remedy, only suited to the rich; for epilepsy, he had various specifics, some not of the most delectable kind, *e. g.* "*Vesicam apri cum contentis desiccata in furno; ad quantitatem fabæ cum oxymelle simplice; hoc est expertum*." He excelled in tooth-drawing and removing corns, had

nostrums for destroying lice and changing the colour of the hair; and his secret remedies for the cure of sterility, brought him large sums* of money in different places. This passage seems to imply that he did not confine his practice to any particular town.

When he attended a young prince in the small-pox, he ordered him to be wrapped in scarlet cloth, and that every thing about the bed should be of the same colour; by which means, he says, the face was saved from any mark. It is worthy of notice, that in the same chapter he observes that small-pox differs from what he calls morbilli, and from an eruption which the English call *measles*. These are obviously not the measles of the present day; but his description of what he terms maculæ, or punctilli, which he says resemble flea-bites, may possibly refer to that disease. John of Gaddesden has a chapter on the manner of obtaining fresh from salt water; and one mode was simple distillation in an alembic, by gentle heat†.

PROCEEDINGS OF SOCIETIES.

HUNTERIAN SOCIETY.

March 26th, 1828.

MR. KEY brought under the consideration of the Society the changes which take place in the auriculo-ventricular openings, and which he ascribed to interstitial deposition.

A paper was read from Mr. W. Gaitskell, senior. It contained the particulars of an instance of sudden death after parturition; and, from the *post mortem* examination, the fatal event was attributed by him to hepatization of the lungs.

Another paper, from Mr. Gaitskell, containing farther observations on an obstetrical bandage, of which he had formerly given some account to the Society. The object of the paper was to shew the great importance of applying support to the abdomen during labour, and firm pressure afterwards. Both these indications, Mr. Gaitskell's bandage is well adapted to answer.

April 9.—Dr. Davies directed the attention of the Society to some specimens of diseased lungs, but our limits prevent us from being able to give any account of them in our present number.

* P. 1050.

† P. 1177, 4to. ed.

MEDICAL SOCIETY OF LONDON.

March 14th, 1828.

AFTER the reading of the minutes of the last meeting, the President informed the members that the council had resolved to call a special general meeting of the Society, on Monday next, at 8 o'clock in the evening, to prepare a petition to be presented to parliament, for the removal of the impediments which, in the existing state of the laws, prevent the proper cultivation of anatomical science.

After some conversation on hysteria, a sharp discussion arose on a case related by Mr. Field, the registrar. It was a case of fracture of the right cervix femoris, occurring in a female 62 years of age; who, two years before, had been the subject of an injury of the left hip-joint, for which she had been treated in St. Bartholomew's hospital. The death of the patient, from chronic disease, about six weeks after the last injury, afforded an opportunity of an inspection of the parts concerned in both of these injuries. Mr. Amesbury, who had seen the patient with Mr. F. at the time of the recent injury, instituted, with that gentleman and Mr. Searle, an attentive examination of all the structures concerned. In the right limb were found the ordinary appearances of an ununited fracture of the cervix femoris, within the capsular ligament. In the other limb, the evidences of an *united* fracture of the neck of the bone within the capsule were, to these gentlemen, unquestionable. Mr. Amesbury exhibited preparations of both hip-joints, with the attached bones; the neck and head of the left thigh-bone (the seat of the old injury) had been sawed through longitudinally and transversely. The fact of a fracture having taken place in this bone, was however strenuously denied by Messrs. Callaway, Tyrrell, Salmon, Lloyd, and others.

Mr. Field promised to procure some information from the hospital, as to the symptoms of the first injury.

WESTMINSTER MEDICAL SOCIETY.

March 12, 1828.

THE discussion of the former evening was resumed, and again maintained with considerable spirit.

ERRATUM.

In Dr. Gregory's first paper on Vaccination, page 530, column 2, line 20, after "small-pox," insert "after vaccination."

THE LONDON MEDICAL GAZETTE,

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SATURDAY, APRIL 26, 1828.

[Vol. I.

LECTURES
ON THE
NERVOUS SYSTEM,

Delivered at the College of Surgeons,

By MR. CHARLES BELL.

(Continued from page 557.)

Mr. President and Gentlemen,—I must return to the introductory part of my last lecture, and I may say you acknowledged that when we look upon the nerves of the face, the neck, and the chest, there is an extraordinary confusion. Indeed, it is a hopeless task to unravel them, by confining our attention to the human body; where, from the complexity of the organs, and the different functions performed by the same parts, through the influence of different nerves, the nervous system must necessarily be far removed from its simplest condition.

When we look to the inferior creatures, we find there is always a correspondence between the degree of intricacy of the nervous system and the structure of the animal. Where we discover a nerve, we also discover a ganglion; and when these creatures, in the forms of their bodies, and in the arrangement of their parts, are irregular, we find also that the ganglions and nerves are placed irregularly. But when a creature, however low in the chain of existence, is regular in its shape, and has progressive motion through the symmetrical arrangement of its moving parts, we find that a regular system of nerves is developed: a nervous cord passes in the length of its body, studded with ganglions, and at equal intervals there pass off nerves on

each side to the skin, and to the muscles. But it is the system of voluntary muscles, and especially those for progression, which gives the form to the nervous system in these inferior creatures. Thus, in an insect which changes its condition*, we find the nerves arranged according to the numerous small muscles which are attached to the *foot*†: we see a little series of ganglions and nerves diverging with perfect regularity to the corresponding muscles; but when this insect, being no longer a creeping thing, takes wing, there is then a new development of muscles for moving the wings; whilst those of the foot disappear, and along with them the nerves. Thus we see that the change of organization is attended with a new arrangement of the nervous system; and what we observe in one creature, shall be more perfectly seen when comparing one animal with another, as they ascend in the chain of complication, or, as it is usually termed, of perfection.

The course of investigation leads us next to determine the question—what are the parts of the human body which correspond with the nerves of the lower creatures, endowed with the powers of sensibility and motion? We have seen that the continental authors, in following Bichat, have been very generally deceived by some fancied resemblance in the chain of ganglia upon the sympathetic system, to the nerves in the invertebrated animals. This is one of the consequences of Bichat's hypothesis, which left out the whole series of ganglia upon the spinal nerves. When you have exhibited before you, as now, the ganglionic system of nerves of the

* Here the Professor pointed to a sketch of the nerves in the *Scarabæus Nasicornis*.

† In the *Gasteropoda*.

spinal marrow—a chain of ganglia, in perfect regularity, ranging from the sella turcica in the head, to the lowest foramen of the sacrum,—when you see their nerves of connexion, their regular origin and regular distribution, you at once perceive that series of nerves which you are in search of: you recognize them to be the same line of ganglions which are seen in the worm; and if we shall discover that these are nerves which bestow sensibility upon the animal body, and which associate the muscular system for the progressive motion of the body, and for all voluntary motions, you will not refuse me your assent to the conclusion that here, in the nerves which go off laterally from the spinal marrow, we have that system which in all creatures ministers to sensibility and motion: a system perfectly simple and symmetrical in all creatures, from the leech and the worm up to man; and which, even in man, has no further complication than what results from the insinuation of cords of a different power, and for different offices, in the spinal column.

But before proceeding further, I hope you understand the progress we have made. First, that corded nerves are not essential to the functions of animals, as they do not exist in the lowest of the chain of animals. In the second place, when we discover a nerve, it is found either to belong to some particular organ of sensibility, or subservient to some set of muscles of volition: we have no reason for considering it as a tube carrying some property to the part—it is a cord of connexion merely. In the third place, when ascending in the scale, we find the nerves in systematic order extending through the animal's body; we find also that there is a symmetrical provision of organs of motion. Fourthly, it is to produce a regulated progressive motion that there is a necessity, so to speak, for a regular concatenated line of nervous system. Fifthly, this regular symmetrical system, in the lowest creature that possesses it, bestows sensation and motion; and, lastly, in the highest of the scale, in man himself, it does no more*.

* Mr. Bell here referred to his drawings, which consisted, first, of the nervous system of the leech, showing a double line of nerves passing in the length of the animal, with ganglions at regular intervals. The second drawing was a view of the sympathetic system in man, showing a series of ganglions bearing resemblance to the former.

You now observe, gentlemen, by what course of reasoning I was led to the investigation of what I shall term the symmetrical or regular system of nerves—those which you know more familiarly by the term spinal nerves. On reflecting upon the irregularity of the nerves of the encephalon, as compared with the perfect regularity of the spinal nerves, I conceived that we might find the explanation of this circumstance by referring to the columns from which they take their roots or origins. The spinal nerves have two roots, arising from distinct columns of the spinal marrow; the nerves of the brain only one.

This last expression has given rise to some misunderstanding. Most nerves have many roots, that is, filaments or threads, generally arising in an exact line; but this is not what I mean by distinct roots—they must arise from distinct columns of the matter of the brain, or of the spinal marrow. I shall show you, that when nerves arise in a regular line, and in a regular series, from one column, they are of the same function: if a nerve receive one root from one column, or streak of nervous matter, and another root from a different column, then there are two powers bestowed by these different roots, and they form a compound nerve.

You perceive that by this comparison of the nerves of the brain and spinal marrow, I was brought to look with great interest upon the roots of the spinal nerves; because the one root comes from the anterior, and the other from the posterior part of the spinal marrow, from different columns. It is now of little consequence that I should narrate to you the experiments I made upon the brain, passing threads through the cerebrum and cerebellum, to produce suppuration in the different parts of the brain, and to observe the effects; or my attempts to insulate and cut across the different columns of the spinal marrow. But it is very important to the understanding of this system, that I tell you what I did to discover the distinct functions of the roots of the spinal nerves; and which I published in 1809.

And in the third was shown the spinal marrow, with all its nerves, beginning above with the fifth pair, and terminating below in the last sacral nerve; these nerves being all double at their roots, and having a large ganglion upon the posterior one. It is these last nerves which Mr. Bell describes as being the same with the chain in the lower animals.

I opened the spine of rabbits, and cut across the posterior roots of the spinal nerves, going to the lower extremities: the condition of the limbs after this, as to motion and sensibility, was very unsatisfactory to me, and this I attributed to the violence done in breaking up the bones, and to the loss of blood; for the breaking up of the spine, without interfering with the spinal marrow, produced a degree of paralysis.

Although these experiments confirmed me in my opinion that there were distinct properties belonging to these two roots, yet I saw that they would be quite unsatisfactory to the profession, and that a less cruel mode of proceeding would be more conclusive. The animal being killed by a stroke behind the ear, and the spine immediately opened, I found that the tearing of the posterior roots of the nerves produced no effect upon the muscular system, but that on touching the anterior nerves, the muscles were convulsed; on touching the threads which composed them, the muscles vibrated in a manner as distinct as the chords of a harpsichord, when the keys are touched. This was the important result—that nerves had in their composition filaments from different roots, possessing different powers. Having discovered that the anterior root of the nerve was the nerve of motion, and, therefore, that the anterior column was the column of motion, I said, if I am correct in this, all the nerves that come off from this column must be muscular nerves. You will conceive, therefore, with what interest I looked upon the root of the ninth nerve, the motor *linguæ*, which by its common name implies that by all authors it is acknowledged to be a pure muscular nerve. The roots of this nerve are simple; although they consist of several threads, these come in regular succession from the anterior column, like the anterior roots of the spinal nerves, without a ganglion upon them: they come from that column which gives rise to the motor roots of the spinal nerves, and bear a just resemblance to them. Tracing this column still higher, the next nerve that we find rising from it is the sixth, a muscular nerve; and still further upwards, we find the third nerve, the motor *oculi*, also a muscular nerve; and both of these want ganglia upon their roots. Through the whole of this column, therefore, from the

part where it comes out from the brain, to the termination of the spinal marrow, it gives off muscular nerves; and I thought myself entitled to call it the motor column.

Now, as to the posterior roots of the spinal nerves, though not from direct experiment, yet by reasoning upon these experiments, I believed that they were for sensation. But here I met with a formidable obstruction in the common opinion that ganglia belonged to insensible nerves, or, that they cut off sensation. This dogma it was necessary to disprove, and therefore I looked for a nerve of the encephalon which had a ganglion, and a nerve which had not a ganglion. I found these in the fifth, and in the portio dura of the seventh pair. If the seventh, which has no ganglion, be the muscular nerve, and the fifth, which has a ganglion, be a nerve of sensibility, then the truth of the alleged distinction in the spinal nerves is confirmed. You may conceive, therefore, with what pleasure I found, by experiments, that the seventh being cut, deprived the face of motion; that the fifth being cut, deprived it of sensibility.

But here naturally arose another inquiry—which nerve of the head has a resemblance to the spinal nerves? As the fifth was the only nerve which had a ganglion, the remaining inquiry was whether it had a double root, and whether any part of its root passed the ganglion, as in a spinal nerve. This was easily determined to be the case, both by the dissection of the body and by reference to the papers of Ludwig. And here I may take occasion to say, that when I published my experiments upon the nerves of the face, it was said by a gentleman that the portio dura was the muscular nerve of the face, whilst the fifth was the sensitive nerve. This was an error into which I should perhaps have fallen had I trusted to experiments instead of the anatomy. But knowing that the fifth pair performed the office of a spinal nerve, I was not led into such a blunder. Having laid out the plan of the fifth, in conjunction with the spinal nerves; and observed the resemblance throughout the whole series in having double origins, a ganglion upon one of the roots, and their distribution regular to the successive divisions of the body, as may be seen in this plan; I came to the conclusion that the fifth was the superior

or anterior of the spinal nerves, and supplied the head, as the spinal nerves supplied the neck, trunk, and limbs; that in man, and in the lower animals, there was a perfectly symmetrical system of nerves, ranging in the whole length of the animal, and distributed with regularity:—because each of them possessed that which is necessary to the animal's body—bestowing both voluntary motion and sensation.

Before I speak of the superadded or irregular nerves, I must say a word upon M. Magendie. This gentleman, in the first sentence of his paper on the spinal nerves, says he had long entertained the intention of making experiments upon the anterior and posterior roots of the spinal nerves, but without the slightest idea of what the result should be. He makes these experiments, and discovers that the anterior root is for motion, and the posterior root for sensibility. Now, judging from my own mind, I say if a man has an intention, and that intention possesses his mind for years, that he must have entertained a notion of some result from his experiment; or why else intend it—and what is his reason for making this unusual assertion?

Now, gentlemen, I have told you that I have made those experiments on the living animal; and I rejected them in favour of experiments on the animal which had been struck insensible: and I can see no reason for placing more confidence in the same experiments performed by another, and especially by one who had conducted himself like M. Magendie. I must have you to proceed upon reason and conviction, and not upon the attestation of experimenters, who, commencing irrationally, and without thought or premeditation, as they say, may, by to-morrow's post, send us a new version of their experiments. But let me distinctly state, that before M. Magendie made these experiments, he had accompanied my friend to the veterinary institution near Paris; that my experiments upon the fifth nerve, and the seventh, were repeated before him; that the rationale of these experiments was explained to him; that he had a little work put into his hands, in which these experiments of mine upon the roots of the spinal nerves were described; that he had also put into his hands the engravings of these two plans that hang beside me, the one exhibiting the regu-

lar nerves with their double roots, and the other the irregular nerves with their single roots;—yet I am constrained, in this place, to say that he may not have understood these experiments upon the seventh, or on the fifth; that he may have never looked into the work that was put into his hands; that he may never have, for a moment, contemplated these plans of the nerves; and that he may even, in short, have employed his fingers, those “pickers and stealers,” as Shakspeare calls them, without the control of his head—without intention or ideas of any kind—with a perfect purity that belongs to entire ignorance.

I must repeat that I have founded upon my own observation: and although M. Magendie's experiments are flattering, as confirming my own, I see danger in building upon them. And as to experiments, give me leave to observe, that many conceive that an experiment must be something done on the living body, and without any previous notion of what is to result from it. This latter supposition they take upon the authority of Bacon. Now an experiment is the reverse of an hypothesis. As a man may make a most profound experiment with a ball and a cord, so he make a most decisive experiment upon the dead body, as well as on the living—if he fairly and conscientiously makes his dissection, and observes the bearings or relations of certain parts, uninfluenced by hypothesis: and as for making experiments without some previous conception, it is pretending to do that which no man can perform: some process of thought must precede the action, and all that is required is to give a preference to the ascertained fact, whether favourable to the hypothesis or not.

I come now to the irregular or *super-added* nerves: and let me observe, in passing, that this is a term used in my first paper; and when you listen to the explanation of the term, you will perceive how groundless are the pretensions to take from me the originality of these discoveries. Sensation and voluntary motion being the endowments of a series of double nerves extending through the whole animal body, what explanation are we to give of those which, having a different origin and course, mix with, and seem to disturb the order of the former? When a new organ

of sense is bestowed upon an animal, we are not surprised to find a new nerve and a new portion of brain. So when new muscles are superadded to those which are for common voluntary motion—muscles destined for a function which, instead of requiring the control of the will, is better performed independent of it—shall we be surprised that there are additional nerves, having a different origin from the former, as they have a different office to perform, dispersing themselves in seeming irregularity to those muscles which must be combined, though seated remotely, for the performance of new functions? A creature which has lungs all over, which has the spiracula and tracheæ dispersed over its body like the blood-vessels themselves, has no occasion for respiratory muscles: but when there are concentrated lungs, surrounded with a thorax, expanded and compressed by muscles, there are also required distinct nerves, and a distinct source of energy to these nerves: for if the muscles of respiration were supplied by the original symmetrical system of nerves, then would they be supplied with voluntary nerves, ill adapted for their functions. You perceive, therefore, gentlemen, what I mean by superadded nerves. When there is a new class of muscles to be brought into play, proceeding uniformly in their motions, whether we are awake or asleep, which must have a perfect and independent regulation, there must be new nerves appropriated to them. This course of reasoning passing through my mind, I naturally originated the question—is it for this reason that the *par vagum* has so singular a course; that the diaphragmatic nerve threads the other nerves without connexion with them; that another nerve (the external thoracic), with the same origin, also passes across the axillary plexus, and takes a course upon the muscles on the outside of the chest; that the spinal accessory takes so singular and circuitous a course; and that the *portio dura* deviates from the direction of the fifth, and takes a course which permits its association with the nerves of respiration and speech?—Experiment decides this matter. These are the nerves which combine the various parts to which they diverge in the act of respiration; and by their division, the motion of the respective parts to which they

go are cut off from the act of breathing. And now, when we look to their origin, we see with interest that these nerves, as far as they can be traced, come from a distinct column of the spinal marrow.

Here, then, is a new set of nerves, possessing different powers from the others, coming from a different column; all diverging from the superior part of the medulla oblongata and spinalis: and now it is interesting to know, that if an acephalous child be perfect in the medulla oblongata, it breathes; that, in experiments, when the brain is cut down to this point, the animal continues to breathe; but if this medulla oblongata be interfered with, it dies suffocated. That, again, if the spine be hurt below the origin of these nerves, the man breathes by the play of the diaphragm, and the action of the muscles of the shoulder, neck, and throat; and when the spinal marrow at the root of these nerves is crushed, the man dies in the instant, without a single movement of respiration, without a groan, and without the discomposure of the features.

These nerves have very marked peculiarities, distinguishing them from the original nerves. They are the last to die: you may irritate them, and cause a muscular action through them, when the spinal nerves have ceased to influence the muscles. In dying, they produce the violent and disturbed respiration, when sense and motion are gone by the interruption of the life of the other nerves; and how often do you perceive the life preserved through the act of breathing, that is, through the influence of these nerves, when volition and sensation, as during apoplexy and intoxication, are suspended? And now you perceive, that when a man is thus lying totally deprived of sense and volition, and yet breathing perfectly with the co-operation of all the other parts of the body necessary for the act of breathing, you must either acknowledge that the same nerves may lose two of their most important functions, sensation and voluntary motion, and retain that of influencing the respiratory motion; or you must agree with me that it is a distinct system of nerves that controls the respiratory action. If you prefer the old hypothesis, that all nerves have the same properties, then anatomy is useless. In dissecting those nerves

which thread the symmetrical system of the spinal marrow, you can attach no explanation to the circumstance of their distribution being to muscles which are already bountifully supplied by other nerves, and all is again confusion.

As these respiratory nerves differ from the others in their attributes, their origins, and their course; as they are different in life and in death from the others; so do they differ under the influence of disease. 1. These nerves retain their power, while the other nerves have lost theirs: a man is struck with palsy on one side, and he cannot raise the shoulder; but make him inspire, and the shoulder is raised. 2. These muscles of the shoulder and the side of the neck, are under the guidance of volition, and yet are singularly affected with powerful spasmodic contractions, according to the classification of these respiratory nerves. 3. These nerves, or rather the muscles connected with them, are subject to singular paralysis when the other nerves retain their power. Lastly, all the affections of this respiratory system of nerves are more depending on visceral irritation than on disease in the brain.

In reverting once more to the intricacy of the nerves in the face, the tongue, and the throat of the human subject, the confusion is referable to the circumstance that, when there is an accession of new functions, there must be new nerves; for, as in creatures that breathe we observe the accession of nerves devoted to the act of breathing, and a system more complex than in creatures which have no organs of respiration—so in man there is superadded to these organs of breathing, those of the highest function of all—expression by articulate language. As these organs must be combined, new nerves are given to them; and the intricacy of the nerves is further increased by the circumstance of voluntary and involuntary actions being here conjoined; the respiratory organs being brought under the influence of the will in speech. This, however, is a subject which would be best illustrated, had we time and opportunity, by the demonstration of the three nerves of the tongue, and their various connexions.

We set out at the beginning with saying, that the face, neck, and chest, presented great confusion in the distribution of the nerves; some parts having

some two, some three different nerves. We cannot now believe that three nerves are sent to one part to accumulate the same principle emanating from the brain,—that the two nerves are given to the face, for example, to secure it against the loss of nervous energy by the accidental division of one of them in a wound; but we have seen that each nerve possesses a distinct endowment, bestows a distinct power, or establishes a new relation. Thus order comes out of the apparent confusion, and the minute twigs of nerves which, by the old system, were of no account, now become objects of the greatest interest to the physiologist and pathologist.

In my next lecture I shall confine myself to the nerves of the face.

[To be continued.]

HERNIA IN INFANTS.

To the Editor of the London Medical Gazette.

SIR,

ON inspection of M. Dupuytren's case of strangulated hernia, published in a recent number of the Medical Gazette, it seems, at first sight, scarcely possible to doubt that it would have been reducible, had faintness been produced. I cannot boast of having managed this disease at so early a period of life as twenty days; but I (as many others doubtless have) have met with strangulated hernia in infants as young as six months. The patients were bled to faintness, and the hernia became readily reducible, or returned of itself. It is matter of course, that where the strangulation has taken place, the constant crying of the child will render its return next to impossible. The act of fainting, in most instances, is favourable; and a state of insensibility, both in adults and infants, is also favourable to the efforts of the surgeon, by checking the efforts of the patient.

Nothing is more easy than to criticise the treatment of a case one has not seen. I think it would, indeed, be well if it were a maxim among us at all times, not to condemn the former treatment of cases, unless the treatment were conducted under our own eye: it is next to impossible to decide on the merits of former practice from the accounts of our patients; nor will their present state very commonly give us a

very certain criterion by which we may judge of their former condition. It should be a part of medical morals, never to give any opinion excepting on the present circumstances, of which alone we have a sufficient cognizance to come to any thing like a right judgment.

My chief object for troubling you on this occasion is, lest a tyro, having seen that strangulated hernia in an infant has been treated by so great a man as M. Dupuytren, solely by the application of leeches, might be induced to consider their application sufficient (which, *perhaps*, in this instance, it might have been); while I think all practitioners will agree with me, that bleeding by a full stream is as much the remedy in this case for infants as for adults; and, so far as the unfrequency of the occurrence will admit of my forming a judgment, in proportion a much more effectual remedy. Indeed, I can scarcely conceive the possibility of its failing, if the remedy is resorted to during the bleeding. Should bleeding to faintness not succeed, I am sure the operation, considering the remarkable irritability of the infant constitution, should be resorted to instantly; or, at all events, very early. In this disease, the experience of the late Mr. Cline's life can never be too frequently brought forward: "I have known," said he, "many die of performing the operation too late—not one by its being performed too early." Pupils should be reminded, that if blood cannot be obtained in stream from the arm, which it may in most instances (and I own I think in acute diseases it is the better practice), it may always be obtained from the jugular vein.

I am further led to offer this criticism, that I may call the attention of practitioners to an accident I have met with a few times, and which may possibly have been overlooked, viz. the occasional intrusion of small portions of intestine or omentum at the navel, where the vacancy is only partially filled up. This I have found to be a frequent cause of the tormine to which infants are especially liable during the month. I was led to observe this circumstance, which I am even confident occurs much more frequently than could be supposed, by the following accident:—I was called to a child in the month, of whom I had assisted the mother in the

delivery, and in whose respiration I had found no fault; it had shrieked out, and fainted suddenly away then for the third time; it was in all respects healthy. The child had soon recovered, but the last fainting fit had lasted longer than the former attacks. I ordered the child to be stripped (a necessary step always, if a practitioner would really understand the diseases of infants), and perceived that while it cried, the navel protruded somewhat more than it does naturally. On pressing the part, I felt a slight gurgling under my finger. A cork pad was placed over the navel, secured by an adhesive bandage, and the symptom never returned. In this instance, it would seem that temporary pressure of the intestine produced the faintness.

This circumstance has led me to examine the abdomen in children about this age, where they have been suffering from tormina. I have given instant and permanent relief, again and again, by the use of this bandage. I strongly suspect that many a diarrhoea occurring in the month, where the infant is unfed, is attributable to this cause, viz. the occasional pinching of the intestine, and a scarcely perceptible vacancy: its frequent intrusion produces slight inflammation, which nature relieves by instituting a purging. It is easily perceived how pain should first be created by the accident, how the consequent irritation should produce fits of crying, and the crying and the pain should at length become cause and effect alternately.

Of one thing the reader of this communication may be assured, that I have relieved several diarrhoeas occurring during the earliest periods of infancy, by the application of the cork pad and adhesive bandage, without any other remedy, where the infant has been unfed, and the mother in health.

One does not readily see why diarrhoea should occur, unless from such a cause, which appears to me sufficient to account for the disorder; that it does not continue, the subsequent filling up of the vacancy will account for.

Should this trifling communication, Mr. Editor, assist in relieving the troublesome sufferings of infants, or prevent the early introduction of medicaments (often opiates) into the lying-in chamber, I shall feel I have been serviceable; and be much obliged by your

insertion of it in your publication, of which—both because it communicates medical intelligence early, in a compressed form, and supports the honourable principles in which, as a professional man, I have been educated, and by which I endeavour to regulate my conduct—I am a great admirer.

I have the honour to be,

Your obedient servant,

P. F.

CASES OF

DISLOCATION OF THE FOOT AND ANCLE.

Communicated by GEORGE SAWYER, Esq.

Member of the Royal College of Surgeons in London, and Surgeon at Hedon, Holderness.

DISLOCATIONS of the foot and ancle are comparatively of rare occurrence; the symptoms are often obscure, and the treatment difficult. Sir Astley Cooper, in his valuable work on Dislocations, only relates two cases of simple luxation of the astragalus; none with fracture of the ancle, and in neither was the injury so extensive as in the case which follows. Of dislocation of the metatarsus he has met with no example. The case of luxation of the astragalus, complicated with fracture of the ancle, which I am about to describe, occurred in my own practice; for the one on dislocation of the metatarsus from the tarsus, I am indebted to my friend Mr. Sandwith, of Beverley, who met with the accident in his own person.

Case of Dislocation of the Astragalus, with Fracture of the Ancle, &c.

William Wright, aged 42, of a thin, spare, and bad habit of body, sallow complexion, lax fibre, &c., when thatching a corn-stack, in Sept. 1825, fell from a height of forty feet perpendicularly, and his left leg and foot sustained the injury. He was immediately conveyed home, a distance of nearly two miles, when I saw him. Upon examining the parts injured, I found the malleolus internus of the tibia fractured obliquely; the fibula also fractured a little above the joint; the astragalus, situated at the inner part of the foot, below the internal malleolus, wedged between it and the os naviculare, forming a prominent projection under the

skin, and turned upside down; so that there was a complete luxation of the astragalus, with fracture of the lower ends of the tibia and fibula. The usual means of reducing the astragalus were adopted without effect. The part was much swollen, with great extravasation. Inflammation took place, extending to the thigh, and was so severe as to threaten gangrene. The patient was bled, leeches and evaporating lotions were used, and in other respects the antiphlogistic regimen was steadily pursued. Three weeks after the accident, the skin appearing disposed to slough, fomentations and fomenting poultices were applied, and the strength of the patient supported by bark, wine, porter, &c. In a few days sloughing took place, with a great discharge of pus, exposing the inferior surface of the astragalus. This bone becoming loose, it was taken out with the forceps. The removal of it occasioned a little hæmorrhage. The granulations which had formed at the side of the wound were slightly scarified, and pressed downwards, which assisted materially in filling up the gap. Adhesion immediately took place, and the granulations at first grew rapidly. Afterwards, however, they became weak, and it was therefore some time before the external wound completely healed. No exfoliation whatever took place. On examining the astragalus, the articulating surfaces of the under part were found to have been broken off, as well as the navicular process of the anterior and posterior convex surfaces of the fossa. It is, therefore, more than probable, and the strength of the joint at present, I think, bears me out in the assertion, that ossification must have taken place to some extent, connecting the under surface of the astragalus with the navicular process, making up the deficiency caused by the loss of the upper part of the bone.

The man has a little flexion of the ancle, can walk without the aid of a stick, and has worked at country work above a year without any impediment. The leg is the same length as the other. It is remarkable that he had suffered from a dislocation of the right ancle three months previously. This dislocation had been reduced with ease.

Case of Dislocation of the Metatarsus.

Sir A. Cooper observes, “the metatarsal bones I have never known lux-

ated ; their union with each other, and irregular connexion with the tarsus, prevent it, and if it ever happens it must be a very rare occurrence," (p. 355.)

This accident, however, happened in my own person, from a blow on the foot, my horse falling upon it. I was instantly sensible of the nature of the injury, and as soon as I was upon my feet, the metatarsus was found to be drawn upwards, and obliquely outward upon the tarsus, by the action of the flexor muscles. On the removal of the boot, which was cut away, these were the appearances :—the foot considerably shortened, the toes turned a little outward, and a hard swelling bigger than an egg upon the tarsus, with tumefaction of the integuments. The pain, which was great at first, was kept under by a warm fomentation.

The reduction was easily effected by my friends Messrs. Williams and Brereton, and leeches and bread and water poultices prevented inflammation. For several nights the foot was violently shaken by spasmodic action of the muscles, but the parts preserved their relative situation ; and although it was nearly a year before all lameness ceased, yet at the end of six weeks I was enabled to lay aside my crutches. For the ability to use the foot in so short a time, I was indebted to a contrivance which rendered the foot and ankle inflexible.

Instead of an elastic sole to the shoe-part of the apparatus, one of wood was procured, around the heel of which was nailed a piece of firm unbending leather ; this reached as high as the calf of the leg : three small straps with buckles held the leg in situ, and a broader one across the instep secured the foot. The comfort I experienced from this simple apparatus is my reason for describing it so particularly ; it has since been found useful in various injuries of the foot and ankle.

BALSAM OF COPAIVA.

To the Editors of the London Medical Gazette.

GENTLEMEN,

IN your Journal of to-day, is contained a notice of the balsam of copaiva having been deprived of its taste and smell by M. Salle, of Paris. Allow me to state, that a like preparation has been

undergoing probation in London for more than a twelvemonth, having been first made by me in March of 1827.

The balsam, when prepared, is nearly insipid and inodorous, and is retained on the stomach without exciting nausea, although possessing the fluid form and medicinal peculiarities of the native copaiva. As it has given uniform satisfaction during the above-named period to gentlemen eminent in the profession, as well as in my own practice, I have been solicited to give it publicity without further loss of time ; and which I intend to do with no more delay than is requisite to complete the apparatus for producing it on a sufficiently extensive scale, and which, I am happy to say, I have (in despite of no common obstacles) now nearly accomplished.

For your satisfaction, I subjoin the copy of a note by Mr. Key in September last, expressive of his opinion of this preparation, and which he has kindly permitted to be made known.

I am, Gentlemen,

Your obedient servant,

RICHARD LAMING.

89, Bishopsgate-Street Within,
12th April, 1828.

To Mr. Laming, Surgeon.

DEAR SIR,

IN answer to your inquiry respecting my opinion of your new preparation of copaiva, I can state that my experience of its effects in several cases of gonorrhœa leads me to consider it as a most useful medicine in the cure of that disorder. It retains the astringent properties of the balsam of copaiva, while its freedom from the peculiar flavour of the latter removes the objection so frequently urged against its use.

Yours very truly,

(Signed) C. ASTON KEY.

St. Helen's Place, Sept. 1827.

COMMENTS ON CORPULENCY.

BY WILLIAM WADD, ESQ., F.L.S.

——— Ridentem dicere verum
Quid vetat ?

THE celebrated traveller, Dr. Clarke, alluding to the Pyramids of Egypt, says, " the mind, elevated by wonder, feels at once the force of the axiom, which, however disputed, experience confirms, —that in Vastness, *whatever be its na-*

ture, there dwells sublimity." Why, therefore, may not the mountains of fat, the human Olympi and Caucasi, excite our attention?—they *fill* a large space in society—are *great objects* of interest, and ought to afford us no *small matter* of amusement and instruction.

It is now nearly twenty years since I gave, in some "Cursory Remarks on Corpulence," an account of all the most conspicuous of these *mountaineers* from the earliest period; and notwithstanding Mr. Malthus's theories for thinning the population, and my own for thinning the person, bodily bulk, or obesity, seems as much in fashion as ever: and, if we judge from the manner in which the jolly gentlemen of the age proclaim eternal war with Maigre and Lent, the march of fat-folks will, at any rate, keep pace with the march of intellect. Nor is it to be wondered at, when we consider the great improvement in the art of cookery—which has arrived at such perfection, as to bring within the compass of one stomach what nature provided for two.

"Plures crapula quam gladius"—is an old adage; which, in a free translation, means—Cookery depopulates like a pestilence;—and we have had doctors disseminating this plague, with as much moral culpability, as illegitimate practitioners have the small-pox. This is no new doctrine; it is as old as the days of Seneca, who says, "innumerabilis morbos mirabilis coquos numera"—we cannot wonder at the number of diseases, when we recollect the number of cooks! For this reason, a celebrated modern physician, when visiting his opulent patients, never failed to pay his respects to the cooks:—"My good friends," he used to say, "accept my best thanks for all the kind services you render us physicians; were it not for you and your pleasing poisons, the Faculty would soon find themselves inhabitants of the workhouse."

But let us speak with reverence of an art that is as old as King Cadmus, and let us recollect that Henry IV. of France was often in the kitchen; that a corps of missionary cooks have been considered the most powerful emissaries to convert the Brahmins,—and that when the devil himself sends us a plague in the shape of a bad cook, infernal malice can go no further.

Que je puisse toujours, après avoir dîné,
Bénir le cuisinier que le ciel m'a donné.

Were we inclined to philosophise on this subject, we should say—that the portly show—the beautiful rotundity of Burke—and the serpentine line of Hogarth—which exists in the fat worthies of this day, compared with those of former times, are in proportion to the superiority of modern over ancient cookery.

The *bon vivant* of our time turns shocked and disgusted from the black broth, pulse, and meagre fare of the ancients; and his refined taste bestows due contempt on the patriot who could dine on turnips! Agesilaus, Lysurgus, and Cincinnatus, may have been brave and wise—but would Brummel wish to dine with them?

Athens was little skilled in the higher branches of cookery;—and even imperial Rome considered quantity more than quality. Lucullus, Apicius, and Cælius, indeed, deserved to have lived in the days of turtle, French sauces, and Kitchener—the great culinary censor of the age. He was, indeed, the "Oracle of Cooks." No man ever possessed a tact of palate more certain, more delicate, or more infallible. He fed with the gravity of a senator—and tasted with the zeal of an artist, whose whole gustatory organs were employed in promoting the progress of his art. In the profundity of his reflections, he usually took three or four hours to digest a peptic precept, or solve a dinner-problem. Hence his opinions became oracular. From his decisions respecting whatever appertained to the art of alimentation, there was no appeal. His opinion constituted law; and should it ever be possible to form a collection of such decisions, it will be hailed as the Epicurean code of the age.

In these days of philosophical fancies, we read a man's history and character at a single glance. As a craniologist will tell you his good or evil propensities, so a physician, by the expression of his visage, will say what he dines upon—and, moreover, (what may not be generally known,) that our personal beauty depends upon eating and drinking; the ugliness of the Calmucks being solely owing to their feasting on raw-flesh,—an alarming piece of news to all eaters of half-dressed beef, and a convincing proof of the importance of cookery. In truth, as many of our best physicians, and some of our ablest modern surgeons, have demonstrated

“that a healthy state of the body depends on the due regulation of diet,” the importance of *judicious cookery* must be very evident. Nay, the philosophy of some has carried them so far, as to conjecture that not only the health of the body corporate, but that the safety of the state, is connected with this art. Ill-concocted viands not only produce commotions in the human bowels, but

“Convulsions and heats in the bowels of Europe;”

for it is an axiom sanctioned by the highest authority, that well-digested opinions are the product of well-digested viands, and *vice versâ*—from which it will appear, the domestic ordering of diet is as important a matter of administration as the *Materia medica*; and that the Roman general who boiled his own turnips, would, if he had had a cabbage to boil, have boiled it in two successive waters, as he had doubtless discovered that vegetables were “*fade*” and flatulent, unless freed from much noxious matter by culinary process.

Cicero says “old age has no precise or determinate boundary,”—and many philosophers have thought, that men might live, like the patriarchs of old, for centuries, if they took proper means. Proper means! What do they mean by proper means? The answer is—cookery and diet.

“Caro animata cur vivit et non putrescit ut mortua? Quia quotidie renovatur.”

SANCTORIUS.

Hippocrates, the great father of the medical and chirurgical art, laid much stress, and wrote largely upon diet. But, during the last century, medical men thought it necessary to apologise for treating on these subjects: since, however, local complaints have been found to be intimately connected with constitutional influences, surgery has taken an enlarged sphere, and they are now entertained as both proper and pleasant.

Fashion, which holds an undivided empire over the frivolous concerns of life, extends its influence even to the healing art. Thus we find fashionable complaints — fashionable remedies — fashionable seats of disease — and fashionable plans of treatment. Half a century ago, ‘nervous complaints’ were the *ton*. These were superseded by “liver complaints,”—and these again have yielded the palm to “stomach complaints.” “Duodenal complaints”

are beginning to be talked of in London —while the hypochondriacs of Bath have their fashionable localities: so that, at present, the seat of alimentary complaints depends on the accidental circumstance of the patient’s residence.

Formerly, we sought the phenomena of insanity in the head and brain—the causes of cough in the lungs and pleura; but, “*nous avons changé tout cela*”—we look into the head for the causes of hooping-cough, and for the causes of insanity we search the bowels and stomach. In fact, the stomach is charged (now a-days) with one-half the complaints of mankind; and, amongst others, the complaint in question, viz. Obesity—notwithstanding some fanciful properties given to the colon, as to the secretion of fat. Sir Anthony Carlisle says, that long-continued experience has taught him that the first effects of senility are to be traced to the stomach, and that many incipient disorders are to be sought for in the evidence of the stomach, and its dependencies.

During the reign of *nerves*, camphor-julep and cordials were in vogue. When the popular hypothesis about the *liver* prevailed, mercurial drugs were lavished in a manner that made Dr. Reynolds predict that calomel would be taken by the tea-spoonful. “*Peptic precepts*” perhaps prevented it. The chylopoietic functions put in their claims; and then every body suddenly discovered that they had a stomach! “Don’t you think,” said an hypochondriac to me one day, “that *dyspepsia* has wonderfully increased of late?” adding, at the same time, “By the bye, what is *dyspepsia*?”

Although gastric disorders and gastric doctrines at present engross the thoughts and employ the pens of all denominations of persons, yet they are by no means novelties. The stomach has been the subject of complaint from the earliest ages. The rich man has complained that his stomach would not allow him to eat *any thing*: the poor man, that it ate *every thing*, and was never satisfied.—And the good Erasmus complained, that in spite of all his Catholic propensities, his stomach would be Lutheran;—and, moreover, a very learned and ancient physician specifically treated this affair, in a grave work entitled “*Ventriculi querelæ et opprobria*.” In truth, it has been satisfactorily proved, that in every stage of human

life—health and disease—pleasure and pain—and even life and death, are dependent on the functions of the stomach.

An old English adage says, “it is the stomach makes the legs amble, and not the legs the stomach.” Shakspeare knew its importance and powers well: Fontenelle magnanimously avowed that there was no enjoying life without a good one—“*pour bien jouir de la vie il faut avoir un mauvais cœur, et un bon estomac* ;”—and *Serenus Samonicus*, many centuries before, says,

“*Qui stomachum regem totius corporis esse
Contendunt, vera niti ratione videntur.*”

In the vagaries of modern philosophy, it contends for the seat of the soul; and naturalists have gone so far as to make it the organ of civilization, from the fanciful hypothesis, that animals submit to domestication in proportion to the subjection in which their will is held by their appetite: certain it is, that the stubborn and rebellious are remarkable for their indifference to the pleasures of the table; and that “short commons” and insubordination are uniform, as cause and effect, upon the principle, no doubt, of Sancho Panza’s reasoning—that “when the stomach is full the bones will be resting.”

The variation in the capacities and powers of living organs—the peculiarities and deviations from the ordinary course of the human constitution, or what has been termed *idiosyncrasy*, particularly as relating to the stomach, affords much amusing “materiel.”

We find sometimes very stout, strong persons, particularly Northern cousins, from some peculiar idiosyncrasy, or some meagrim in the chylopoietic functions, cannot endure certain of the most agreeable and innocent articles of food;—thus fish, flesh, fowl, butter, cheese, bacon, and good red-herring, each in its turn, is despised and loathed. It puzzles philosophy to account for some of these whimsicalities. As for instance, why a man six feet high should faint away at the sight of a shoulder of mutton; why another tall gentleman should have *muttonic* aversions so great, as to be able to point a mutton-pie, as a pointer would a partridge;—while a third “Herculean delicate,” minces his meat, and puts aside all fat, gristle, and skin, with the fastidiousness of a puny school-girl.

Another peculiarity that excites our astonishment, is the variety in the capacity and power of the stomach, which enables one man to swallow the whole of another man’s grievance,—for there are those who would eat an entire shoulder of mutton in as little time as his *anti-muttonic* neighbour would be recovering from the sight of it. Much of both these evils arises from the error of early education, and the force of habit; and both are to be controlled, or at any rate moderated, by the will, as might be illustrated by some singular examples.

Some men have appeared with the digestive powers of a double stomach, to which the grinding properties of a gizzard seemed superadded. They may have been considered as “*nati consumere fruges*,” and in the scale of living animals, ought to have been ranked with the cormorant or the ostrich. Of these, Marriot, the great eater of Gray’s Inn, was a conspicuous instance. He increased his natural capacity for food by art, and had as much vanity in eating to excess, as any monk ever had in starving himself. Nicholas Wood, mentioned in Fuller’s *Worthies*, was another example of great prowess*.

[To be continued.]

RESIGNATION OF DR. FORBES.

To the Editor of the London Medical Gazette.

29, Soho-Square, April 17th.

SIR,

DR. FORBES having abstained from every kind of communication with any public journal upon the subject of his late differences with Mr. Guthrie, and it being still his determination to act upon the same principle, his friends think it proper, in consequence of the extraordinary resolution of the committee of the Westminster Eye Infirmary, published in your last number, that his letter of resignation, addressed to that committee, should also be made public.

I therefore beg leave to enclose you a copy of that letter, together with a note to Lord Grantham, as chairman, and to

* The first part of Mr. Wadd’s “Comments” was published in the *Journal of Science*: he has kindly intimated his intention of sending us the continuation.

request the insertion of it in your next number,

And remain, Sir,
Your most obedient servant,
SAMUEL BEAZLEY.

To the Committee of the Royal Westminster Eye Infirmary.

Argyll Street, April 15th, 1828.

GENTLEMEN,

IN consequence of the resolution adopted by you at your meeting of the 2d inst. founded upon your supposition that a statement attributed to me is incorrect, I think proper now to resign the office of physician to the Royal Westminster Infirmary for Diseases of the Eye.

But as the treasurer and secretary have twice returned my letter of the 5th inst. containing my resignation, I am now under the necessity of addressing the committee myself.

At the same time, as the resolution alluded to, though founded upon a supposition entirely false, may have the tendency of accusing me of misrepresentation, I feel it due to myself to give the following statement of facts, the truth of which, I feel assured, Mr. Guthrie will himself not venture to deny.

On Sunday morning, May 27th, the day after the appearance of a paragraph in the *Lancet*, severely animadverting on the mode in which the business of the Eye Infirmary was carried on, I received a note from Mr. Guthrie requesting me to call upon him in Berkeley Street between the hours of 11 and 12, for the purpose of making an alteration in the admission ticket.

Had a reprint of the ticket only been necessary, and no alteration been intended, Mr. Guthrie would not have thought it requisite to request me to call upon him; neither could my presence nor my assent have been required.

I wrote a note to Mr. Guthrie to inform him that I could not call upon him at the time he mentioned, but that I would do so in the course of the day, and which I accordingly did between 2 and 3 o'clock.

Mr. Guthrie was not at home, but I found the old ticket upon his table, with the following alterations made upon it in his own hand-writing:—

“Dr. Forbes attends on Saturdays at

half-past eleven, Mr. Guthrie on Tuesdays at half-past twelve. Dr. Forbes and Mr. Guthrie on Thursdays from half-past eleven till half-past one.”

I left a note upon Mr. Guthrie's table objecting to the proposed change in the hours of attendance, as being likely to prove inconvenient to the patients, by interfering with their dinner-time; and, moreover, that I could not be certain of being regular in my own attendance at the newly-proposed hours.

This ticket was afterwards printed without any further communication with me, and has been ever since in use at the Infirmary.

Such, gentlemen, are the facts connected with the alteration of the admission ticket upon the 27th May, 1827.

You will perceive that they are such as might possibly be known *only to Mr. Guthrie and myself*; and that the gentleman upon whose evidence you thought proper to found the resolution of the 2d inst. *might be* utterly ignorant of them.

I beg to call your particular attention to the circumstance that Mr. Guthrie himself has never, so far as I know, ventured to deny the correctness of this statement.

With regard to the office of House Surgeon, another point to which the resolution alludes, although I may inadvertently have signed a certificate designating Mr. Dunn by that title (because I had been in the habit of signing all certificates that already bore my colleague's name, and were written by him, as a matter of courtesy), there was certainly no such situation recognized either by the Committee or by myself; and Mr. Dunn, in his letter of the 18th March, to the Editor of the *Lancet*, published in No. 239 of that Journal (of which I have annexed a copy), expressly calls himself House Pupil.

“*To the Editor of the Lancet.*

“SIR,

“Having acted as House Pupil during the season of 1823 and 1824, at the Westminster Eye Infirmary, I feel it incumbent upon me, after the remarks you have repeatedly made, to state, that, during that time, nothing could exceed the attention Dr. Forbes and Mr. Guthrie paid to that institution. I can corroborate what Mr. Guthrie

says in his letter, regarding the punctuality of his attendance; and I have frequently known him call at the institution on the intervening days. The patients were satisfied and grateful, and the pupils pleased with the Clinical instruction given. I regret the rupture between Dr. Forbes and Mr. Guthrie, convinced that it must tend to injure the institution.

"I hope you will insert this note in your next publication, as your remarks implied a neglect of duty on the part of the medical officers, which, I am sure, at that time had no foundation.

"I remain, Sir,

"Your's, &c.

(Signed) "HENRY DUNN."

"Wakefield, March 18, 1828."

Mr. Guthrie also well knows that another gentleman (Dr. Young) who filled the same situation, denies having ever considered himself in any other light than as a *pupil*.

In conclusion, I beg to add, that although the resolution of the 2d inst. is the immediate cause of my resignation, yet I have long intended to retire from the institution, in consequence of my disapproval of the manner in which the business of the infirmary has been for some time conducted, as well as from the inattention with which my suggestions for the benefit of the establishment, and complaints of ill treatment at the Infirmary, have been received by former committees.

(Signed) CHARLES F. FORBES.

(Copy.)

Argyll-Street, April 15, 1823.

MY LORD,

The Treasurer and the Secretary to the Westminster Eye Infirmary, having twice returned my letter of resignation of the office of physician to that institution, will, I trust, be my apology for sending the enclosed to your lordship, as the chairman of the committee, whose resolution of the 2d of April is the immediate cause of my resignation.

(Signed) CHARLES F. FORBES.

Lord Grantham, &c. &c. &c.

SCOTCH MEDICAL DEGREES.

To the Editors of the London Medical Gazette.

GENTLEMEN,

It has long been the fashion to declaim against the mode in which medical degrees WERE conferred by the Universities at Aberdeen and St. Andrew's; and however much it may have merited reprehension, it is to me matter of surprise that, although it is now between three and four years since the objectionable practice was abandoned, and a sounder system adopted, the same abuse continues to be lavished on every occasion, by some members of the profession, who appear to consider themselves especially entitled to be styled "regular physicians." That veracious periodical, "The Lancet," has of late, in some of its leading articles, thrown away much good abuse upon a practice which no longer subsists; and, from the tone of candour and good feeling which pervades your Journal, I am induced to hope you will not refuse your assistance in placing this subject in its proper light; the more so, as from your observations in Number 16, on the Bye Laws of the College of Physicians, you appear to labour under some misapprehension.

At page 476 of the number mentioned, there occurs the following passage:—"Suppose, for instance, a student attends the London University, and, after completing the prescribed period of two years, goes to Aberdeen or St. Andrew's, for a degree," &c. According to the present regulations, such a student as you describe would not be received as a candidate for the degree of M.D. at Aberdeen. Candidates are now required, previous to examination, to produce evidence that they have spent the same period in professional studies as is required by the University of Edinburgh; and the only essential difference that I observe between what is required by the regulations of the latter place and the other Scottish Universities, as far as regards what may strictly be termed professional studies, is, that at Edinburgh they only receive the certificates of University lecturers; and that the others require candidates to

have attended the prescribed course of lectures in "their own or some other University, or celebrated school, under professors or teachers of reputation." Glasgow University, in addition to this, requires the candidate to have spent six months there. Much has been said of the residence required at Edinburgh, which, although set down as three or four years, is, in reality, only eighteen or twenty-four months; and if the student takes care to matriculate and pay his fees to the professors at the commencement of each session, he may betake himself wherever his fancy leads him; during a considerable part (if not the whole) of that period. I do not mean to say that this is generally done; but I know that it may be, and has been frequently done, by those who have graduated there.

I have been prompted to offer these remarks in consequence of observing in certain quarters what I consider a disposition to keep out of sight the improvements which have of late years been made in their regulations by the Universities at Aberdeen, &c.—improvements which I think the more of, as I observe that "graduates, under the regulations lately adopted by them, of the Universities of Aberdeen," &c. are mentioned in the last regulations published by the Army Medical Board, as qualified for the rank of Physician to the Forces. As the distinguished individual at the head of that Board is well known to pay the strictest attention to the qualifications and respectability of the medical officers of the army, I feel assured that he has good reason to be satisfied that the regulations alluded to will be properly observed; and that those Universities are no longer deserving of the censures passed upon them.

I shall not indulge in farther remarks, but content myself with requesting you to insert in the Medical Gazette the Regulations I have alluded to, which I think are by no means generally known. As Edinburgh is my own Alma Mater, I can have no wish to depreciate her. Although she may justly be styled the first medical university in Britain, perhaps in Europe, her discipline, if discipline it may be termed, is far too lax to entitle her graduates to arrogate *exclusively* to themselves, at the present day, the title of "regular physicians." Most heartily wishing

success to the Medical Gazette, I have the honour to be,

Gentlemen,

Your obedient Servant,

CANDIDUS*.

April 6th, 1828.

To the Editor of the London Medical Gazette.

Saturday, April 5, 1828.

SIR,

DID not the profession generally pronounce that the Editor of the Medical Gazette was an Edinburgh graduate, and a Scotsman, the tone of remarks made in that useful and, for the most part, independent Journal, would induce a suspicion that he was not very kindly affected to Scotland, nor to a university, whose old library has sent forth some of the best informed, and eventually most successful physicians of the last century; and the merit of whose schools have, and will continue to attract as large a crowd of students as can be numbered in any other European university, in spite of the *fashion*, which, in flattery to the more *courtly colleges* and *fellowships* of this country, seduce even such men as the Editor of the Medical Gazette to join in the *illiberal jeer* against "Scotch doctors" and "Scotch universities." Satire is a moral medicine, whose remedial base is truth: it should be exhibited with judgment and with vigour; but its dose should be apportioned with a kindly purpose—for the benefit of the patient, not for the idle or malignant amusement of the lookers-on. Does the University of Edinburgh so especially require this discipline, or more than other great schools? Are its examinations more notoriously inefficient?—or are its examined admitted to the privilege to practice with a smaller average of merit? Have *you*, Sir, in your commerce with physicians, discovered less of medical learning, honesty of purpose, diligence in study, and humanity and zeal in practice, in the decried class of Edinburgh doctors, than in that of their respectable compeers of other schools; not excepting *even* those who have had the advantage of the more justly appreciated education of Cambridge or

* Of course this is not the Candidus to whose letter we alluded in a late No. as containing an attack on private character.

Oxford? If you have, you have been less fortunate than myself. I have met them in many countries, in very varied situations; and I can honestly, and without partiality, assert, that were I called upon to select from our profession that class of it who had generally evinced the greatest share of the qualities above enumerated, I would name the graduates of Glasgow and Edinburgh; and were I to point out those physicians who, in the extended empire of Britain and her colonies, (always excepting a certain seven miles,) have done most honour to the professional reputation of our country, and have, in public and private life, most deserved and enjoyed the estimation of amiable men and accomplished physicians, I would again name the numerous body of "*Doctors*" of the same University. Where then, Sir, is the utility, or *fun*, of admitting from the Portfolio of your Reading Doctor (which, by the by, seems prolific of nonsense) such anecdotes as figure in your number of this day (No. 18), worthy only of those pages of malignant stupidity and lying scurrility which you have honoured yourself in attacking, but which are really unseemly in a work to which the more gentlemanly feelings of our profession are attaching themselves. The Medical Gazette has already done *much good*: but let it not connect itself to *party*; let it not truckle to arrogant assumption on the one hand, nor to querulous exaggeration on the other; let it not pander, even by an idle sneer, to illiberal prejudices, or debase *itself* by a flippancy disregard of the feelings of others; let a dignified singleness of purpose distinguish its course, and let that purpose be the universal good of the *whole* profession, of which it has, "from nothing, created" itself the Gazette. The Editor may be assured, that he has the good wishes and gratitude of every gentleman of that profession, as well as of

His obedient servant,
AN ENGLISH GRADUATE
OF EDINBURGH.

[WITH regard to the first part of the above letter, relating to the Editorship of this Journal, we shall only observe that it is a sly way of begging the question; to which we shall give no other answer than we have done on a former occasion; viz. that we have never yet

seen in any of the periodicals, nor heard in conversation, a correct guess on the subject. As to the rest, we profess to be impartial on the question between the English and Scotch medical graduates, and that we are so we think is proved by both parties complaining. We certainly see the faults of both, and shall not conceal them when their exposure is likely to be attended with public good. Our correspondent is incorrect in saying that we have joined in "the illiberal jeer against Scotch doctors and Scotch universities." We have never done so; and a re-perusal of the *Gazette* will satisfy him of this. We are sorry our Portfolio does not please him, but as to the anecdote about making an M.D., we thought, and still think it rather a smart *jeu d'esprit* on the part of Dr. Hope, and who, it is quite obvious, could not have intended it in the serious light in which it has been viewed by "an English graduate of Edinburgh." —ED.]

CRITIQUE OF A CRITICISM.

To the Editor of the London Medical Gazette.

SIR,

I SENT the following letter to Mr. Wakley, requesting him to insert it in the next number of the *Lancet*, but he will not do so. I thought he was an advocate for the liberty of the press and free discussion; but it seems that it is only when he has it all his own way, like Madame de Q. in the *Sentimental Journey*, who, after talking to Sterne an hour, without giving him one opportunity for reply, exclaimed that it was the pleasantest conversation she ever had in her life. I hope you will insert this letter in your *Gazette*, if for no other purpose, to show in what sense Mr. Wakley is friendly to free discussion.

I am, Sir,
YOUR CONSTANT READER.

To J. Wakley, Surgeon, Editor of the Lancet.

SIR,

I am a surgeon apothecary, and was once a patient of Mr. Scott, of Bromley, for a diseased joint, which got well under his care, after it had been condemned to the knife by eminent authority.

I have, therefore, a double reason for feeling interest about the diffusion of his practice, and the success of his book. I have been reading your review of it, and as you profess to be a friend to the liberty of the press, and to free discussion, I conclude that you will admit my remarks on your criticism. Any other man but yourself would have encouraged the creditable effort of a young author, and have helped to procure a fair trial to a mode of treatment which deserves it; but you care not whom you injure, or what useful information you keep from the profession, provided you can sell your Journal. Mr. Scott, however, will not feel hurt, for a man is in better company if he attracts your abuse than your praise. There is more or less obliquity of character in almost all your favourites, whilst there is scarcely an eminent man in the profession whom you have not defamed.

You begin your review by stating that Mr. Scott's book is beneath criticism, yet you extend your criticism to two numbers of your Journal. You say that it explains the practice of "the notorious Scott, of Bromley." You seem to require a little instruction about the meaning of this expression. "The word notorious," says Dr. Johnson, "is commonly used of things known to their disadvantage." It expresses disgraceful reputation—thus, if a man had been tried for an act of felony, and, by "the toss-up of a jury," had escaped transportation or the gallows, although the judge, the lawyers who witnessed the trial, and all the world were convinced of his guilt, so that the neighbourhood in which he lived felt disgraced by his residence, such a man would be called "notorious;" but no one who understood English would apply that term to Mr. Scott, of whom the harshest thing that can be said is, that although so successful in the treatment of disease, he is not a London Hospital Surgeon, but a provincial general practitioner. You exclaim about the absurdity of a son inheriting the knowledge of his father, and seem to think it can be transmitted only like a family face. Really—cannot you comprehend that a son, in constant intercourse with his father, may acquire a more intimate and accurate knowledge of his modes of treatment than one whose information is derived from slighter opportunities? If you were in

earnest, and could not see this, no school-boy ever more deserved a whipping; if you were in joke, and meant to raise a laugh, you must be your own audience, and laugh at it yourself. Wit must be at a low ebb among doctors for this to excite merriment. You explain the difference between Mr. Scott's mode of applying the plaister bandage, and that of Mr. Baynton; and this you say "is the whole of the extraordinary and important secret which the author says is too important to be confined to an individual." If any other man had written this, he would have known it to be a falsehood; but habitual falsifiers do it unconsciously. The chief practical point of Mr. Scott's book is not, as you falsely state, the difference between his mode of applying the plaister bandage, and that of Mr. Baynton; but it is his local treatment of chronic diseases of the joints, which is very different to the practice of our most eminent surgeons. When you state that there is no novelty in it, it is clear that you know nothing about surgery as it is practised in our hospitals and private families, into the latter of which, indeed, it is probable you were never admitted. I have known diseased joints referred to one or other of the most eminent surgeons of London, yet I never knew one who employed the method which has been long practised by Mr. Scott. You try to scoff at what you call "such novel applications as the black wash, mechanical support, and the local application of mercury." Are you so ignorant as not to know that a master of his art is not he who works with new tools, but he who works with old ones better than his competitors. You are a master of a particular kind of rhetoric, yet it consists of those very *novel* materials—falsehoods, nick-names, and Billingsgate in all its shapes. You pronounce Mr. Scott's preface to be sophistical in its argument, and contemptible in its object; but you make no attempt to prove your assertion: on this, as on all occasions, you can sneer, lie, call names, and bully; but you are incapable of reasoning. Mr. Scott thinks that local remedies are too much neglected by modern surgeons, and that to a dexterous combination of these remedies, with constitutional treatment, his father's practical success is attributable. To most persons, a son expressing warmly the merits of his parent,

would be a graceful spectacle: to you it seems a contemptible puff. Whence comes this difference of estimate? Those who attribute bad motives to others, are generally conscious of them in their own minds. Mr. Scott's volume is put together in a way very creditable to a young author: it is full of practical observations, drawn from the experience of a most successful practitioner. Above all, it explains the local treatment which his father has employed so successfully in diseases of the joints, the efficacy of which I have felt in my own person, and witnessed in others; and which the profession are fools if they are led to neglect by your impudent misrepresentations. You call it a trashy book: he who could write an article of eleven closely-printed columns, composed entirely of sneers, falsehoods, gawky wit, and dirty insinuations, without one sensible remark, or one particle of information, is no judge of the value of such a work. I have heard, on authority which is unquestionable, that "the gentlemen employed in the critical department of your Journal" are not medical men; and from this and a few other specimens which I have read, I can easily believe it. If your readers could look behind your scenes, and behold who are employed in your service, they would pay little attention to any of your denunciations. But why have you employed them to poignard Mr. Scott? I will let your readers into the secret. His book was published by Longman, who publishes the London Medical Gazette.

I am not so sanguine as to think that this letter will have any direct influence on you. Of that small number who cannot be hurt by public censure, there are two classes of persons: the one, those who are too high to be reached, and too pure to be sullied by it; the other, those who are too low to be still further degraded, and too black to be still further soiled. To which of these classes *you* belong, I leave you and your readers to divine.

I am, Sir,

With thorough contempt, yours,

I MYSELF I.

[The above letter was sent to us, not in writing, but forming a beautiful specimen of typography: that it was "already printed" we presume to have been the Editor of the *Lancet's* only motive for not publishing it.]

ANALYSES & NOTICES OF BOOKS.

"L'Auteur se tue à alonger ce que le lecteur se tue à abrégé."—D'ALEMBERT.

Transactions of the Association of Fellows and Licentiates of the King and Queen's College of Physicians in Ireland. Vol. V. Dublin. 1828.

ALTHOUGH the Irish association dates its origin only from the year 1816, its members have succeeded in establishing for themselves a highly respectable character with the profession at large; every successive volume of their *Transactions* has been received with decided approbation, and the present one, in our judgment, will not be found to depreciate the merits of its predecessors.

Mr. Ryall on Nitrate of Silver in Affections of the Eye.

The first paper is a communication from Mr. Ryall, of the National Eye Institution, on the use of nitrate of silver in certain affections of the eye. Nitrate of silver has long been a popular remedy in several of the morbid conditions of this delicate organ; but its success having led to its almost indiscriminate application, it has been, but too frequently, productive of injurious effects in the hands of the inexperienced. Mr. Ryall, whose experience as an oculist entitles him to considerable credit, points out those conditions of the organ in which this remedy is peculiarly applicable, noticing by the way, such auxiliary means as tend to promote its efficacy. In *ulcer of the cornea*, one of the most frequent and serious terminations of ophthalmia, the nitrate of silver is a remedy of great value. When the ulceration is superficial, and the cornea is seen occupied by innumerable minute depressions, or breaches of continuity, a solution of two grains of the caustic in one ounce of distilled water will generally answer, conveying it to the part, if necessary, (as in the cases of children) in the form of injection. But for ulcers deeply penetrating the laminae of the cornea, in addition to the collyrium, it will be requisite to apply immediately to the affected part a fine camel-hair pencil charged with as strong a solution of the nitrate as can be made,

or the caustic itself, in substance, pointed like a crayon—dropping into the eye, after each application, a little oil of sweet almonds. The internal use of mercury is, in general, inadmissible in cases of this description: patients labouring under ulceration of the cornea are for the most part of delicate and debilitated constitutions, and more likely to be benefitted by nutritious diet, baths, mild tonics, healthy situation, and fresh air, than by mercurial alteratives. Cases, no doubt, do occur, in which the stimulant application is contra-indicated; for instance, under circumstances of redundancy of lymph or of interlaminary effusion; here the vascular action must be diminished by local blood-letting, purgatives, and emollient fomentations; after which a pill of calomel, antimony, and opium, should be administered twice a day until the mouth be slightly affected or the symptoms recede. The practice of dropping venous tincture of opium into the eye, in cases of ulceration of the cornea, tends greatly to aggravate the irritation, without in any degree contributing to produce healthy action of the parts. In *pustule*, or aphthous affection of the conjunctiva, generally the concomitant of a scrofulous taint, the tendency of the pustules to inflammation will be restrained, and in most cases speedily removed, by a few light touches of the stronger solution. In *sloughing of the cornea*, Mr. Ryall strongly approves of the exhibition of extract of cinchona, as recommended by Saunders: even in several instances where death of the exterior laminæ of the cornea, or of a segment of its entire thickness, had already taken place, and when the eye had presented the appearance of a disorganized mass, Mr. R. has succeeded, by a judicious use of the extract, in preserving both the shape and function of the organ, to an extent which he could hardly have anticipated. The sulphate of quinine too is a valuable auxiliary while using the nitrate of silver in cases of slough.

When ulceration has proceeded so far as to cause a collapse of the cornea and *protrusion of the iris*, the nitrate of silver is our chief, perhaps our only resource. By a few applications of the pencil-pointed caustic the happiest effects are produced; healthy action and new growth of parts are quickly obtained, the cornea resumes its convexity,

the protruded iris is retracted, and unless the breach has taken place in the centre of the cornea, vision is completely restored. Material benefit is derived from the collateral aid of extract of belladonna, reduced to a cream-like consistency, and applied to the brow and exterior eyelids twice or thrice a-day. *Nebulous cornea* is accompanied by a turgid and tortuous state of the veins of the sclerotic, as well as by a profuse morbid secretion from the tarsal glands. The application of leeches to the inner surface of the lower palpebra, the exhibition of purgatives, and precaution against strong liquors and cold, are the first objects to be attended to. After this, a circle, or as large a portion of one as will embrace the opaque part of the cornea, is to be described, with the pencil-pointed caustic, on the sclerotic, at about two lines distance from its junction with the cornea. Ulceration must be kept up for some time by these means, and the solution of nitrate of silver (from two to six grains to the ounce of water) is to be frequently injected into the eye; in addition to which we should apply the ointment of the red oxide of mercury every night to the tarsi. In some of the worst cases, solution of the acetate of lead is employed with great advantage, though not with such invariable success as the solution of lunar caustic. Tonics, such as dilute sulphuric acid, and sulphate of quinine, are productive of singular benefit in this complaint; and Mr. Ryall relates a case in which the accidental injection of the dilute sulphuric acid by mistake for the caustic solution, was attended with the most unexpectedly beneficial result. In *albugo*, absorption, in the inflammatory stage, is more judiciously attempted by topical blood-letting, and alterative doses of calomel and opium, than by local stimulants; however, when the inflammation has subsided, a strong solution of the caustic will generally be found successful. The *staphyloma* of young children, which succeeds to small-pox and purulent ophthalmia, has been checked, and ultimately removed, by keeping up for some time artificial ulcers by means of the nitrate of silver. *Granular palpebræ*, another consequence of long continued inflammation, produce by friction against the cornea not only great irritation, but eventual opacity; and it is the first business of the surgeon when

called to a case of protracted ophthalmia, to evert the palpebræ, particularly the superior, and he will generally at once discover the cause of irritation. It is not always necessary to have recourse to excision in these cases; the caustic simply will effect a cure, observing after each application to wipe the parts with a sponge, and to drop into the eye some oil of almonds. Sulphate of copper will contribute very essentially to prevent the recurrence of the granulations, and to restore the healthy action of the parts. *Ectropium* may in most instances be removed by producing upon it repeated eschars with the nitrate of silver; where the surface is callous, it will be necessary previously to remove, with a knife, or curved scissors, the exuberant conjunctiva; and in general, whenever excision is employed, as in staphyloma, encanthis, pterygium, and other fleshy excrescences of the sclerotic and cornea, the aid of an escharotic may be found necessary, as well for their ultimate destruction, as to restrain the healthy granulations of the wound. The nitrate of silver is the safest escharotic that can be employed: in many instances this caustic alone, without any previous operation, will effect their removal.

Dr. Jacob on internal inflammation of the Eye following fever.

The occurrence of a local inflammation of this kind is not only of importance to ophthalmic surgery, but to pathology generally.

The peculiar inflammation which forms the subject of this paper, should not be termed iritis, as it has been by Hewson, in his slight notice of the complaint in his work on Venereal Ophthalmic—the iris is not the part which is primarily or exclusively attacked; on the contrary, all the internal parts of the eye participate in the inflammation, particularly the retina, as is proved by the most obvious symptoms. All the cases (about 70 or 80) met with by Dr. Jacob within the last year, had previously suffered from fever—some of them, certainly, as far back as seven or eight months—but there were only one or two cases in which the previous existence of fever was doubtful. It occurs more frequently in young persons than in old—in few after the age of five-and-twenty; more frequently among the poor than the rich—among

females than males. In the majority of instances, it made its appearance in six weeks, or two months, after recovery from fever; and Dr. J. has not met with a single case in which both eyes were affected. A remarkable feature in the progress of this complaint, is the formation of a pink zone, encircling the margin of the cornea. This arises from the enlargement of the capillary vessels of the sclerotic at this part, admitting red blood; which vessels, in a state of health, we conclude, carry transparent blood only. The larger distinct vessels, which appear at a more advanced period, converging to the circumference of the cornea, and obscuring the white of the eye, are the branches leading to those capillaries; and as they do not ramify so extensively, or form the same reticulated arrangement as those of the conjunctiva, they afford a good means of distinguishing inflammation of the globe, or its parts, from inflammation of the conjunctiva. Another remarkable symptom is the alteration which takes place in the colour of the iris—the brilliancy of its tints are totally lost; it never, however, acquires the decidedly yellowish green observed in syphilitic iritis; neither have those globules of lymph been observed which characterize the latter form of inflammation; purulent matter, however, is occasionally secreted in the anterior chamber of the aqueous humour, constituting hypopion, or unguis. The following history of one well-marked case affords a good summary of the symptoms:—"The patient states that he recovered from fever two months ago, and returned to work at his trade as usual. About three weeks ago his sight became dim, his work confused by motes or flies floating before him, and a few days ago the eye became red and sore. He complains of pain in the eyeball, extending to the temple, and suffers from exposure to sunshine, fire, or candle. He cannot read small print, nor tell the hour by the watch. His eye feels hot, and there is a considerable discharge of tears. The sclerotic vascular, the pink zone, the cornea slightly clouded; the margin forming a whitish circle resembling the *arcus senilis*. The iris altered in colour; the pupil irregular, acting sluggishly, or nearly immoveable. The crystalline lens appears clouded, of an amber tint, and opaline appearance; and vision is permanently impaired, or totally lost, with

dilated pupil, and other symptoms of perfect amaurosis." The treatment of this inflammation of the eye is not attended with much difficulty. Antiphlogistics, with opiate stupes, belladonna, and blue pill, comprise the *materiel* of the practice. Belladonna freely daubed over the lids and brow, and kept moist by a light fold of old linen wetted every ten minutes, will not only prevent closure of the pupil, and adhesion of its margin to the capsule of the lens, but will give decided relief when there is deep-seated pain extending from the eye-balls to the temple. Beer's ointment, composed of equal parts of belladonna and blue ointment—a drachm of it rubbed in upon the temple every night—is an excellent application. But the main stress of the curative treatment must be laid upon the use of mercury. "In my own practice," says Dr. Jacob, "I have found the relief from the use of mercury so certain and decisive, that I have trusted to it almost exclusively, with the assistance of the belladonna. I have generally found that two grains of calomel, with a quarter of a grain of opium, three times a day, answered every purpose; and in the majority of cases, I produced the necessary mercurial action, as marked by tenderness of the gums, in eight or ten days, by the use of three, four, or five grains of blue pill alone, three times a day; and if the pain should be severe, combining hyoscyanus, or belladonna, with the dose taken at bed-time." To the exhibition of bark, or sulphate of quinine, in this complaint, Dr. Jacob is decidedly opposed.

Dr. Osborne on the Effects of Ipecacuan in Menorrhagia.

This gentleman seems to flatter himself that he has hit on a specific in bad cases of menstrual discharge; but the very limited experience he has had in the exhibition of the remedy, does not warrant us to be more sanguine of its success than we were before we read his observations; in fact, they contain nothing of novelty or interest. The efficacy of emetics of ipecacuan, in menorrhagia, has been advocated by M. Caffin, in the 69th vol. of the *Journal Gen. de Medecine*; and Denman, if he has not expressly stated the fact, has at least dwelt largely on the utility of

nauseating by ipecacuan in profuse discharges from the uterus. In the last volume, too, of the *Transactions of the Association*, Dr. Sheridan related some interesting cases of hæmatemesis, cured by emetics of ipecacuan. There is no doubt but that this remedy exerts a most remarkable influence on other viscera besides that on which it primarily acts; but whether this is owing to nervous sympathy, or to an effect produced on the entire vascular system, it goes beyond our limited knowledge to determine. We can by no means agree with Dr. Osborne, that emetics of this description may be administered with safety, in cases of great prostration of strength.

[To be continued.]

MEDICAL GAZETTE.

Saturday, April 26, 1828.

"Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

EXAMPLE OF LEAVING THE BODY FOR DISSECTION.

WE have been favoured by our Dublin correspondent with the following document, which has just been solemnly prepared in the University School of Anatomy in the Irish metropolis. A solitary individual, leaving his body for dissection, as we mentioned in our leading article last week, has been only looked upon as a mark of eccentricity: but the example of a body of men is perhaps calculated to have a different effect upon the public mind—marking, as it unequivocally does, their zeal, sincerity, and disinterestedness. We hope to return to the subject next week, and to lay before our readers some thoughts on the disposal of the dead. Meantime, we subjoin the document alluded to.

"We whose names are hereunto affixed, being convinced that the study

of anatomy is of the utmost value to mankind, inasmuch as it illustrates various branches of natural and moral science, and constitutes the very basis of the healing art; and believing that the erroneous opinions and vulgar prejudices which prevail, with regard to dissection, will be most effectually removed by practical example; do hereby deliberately and solemnly express our desire that, at the usual period after death, our bodies, instead of being interred, should be devoted, by our surviving friends, to the more rational, benevolent, and honourable purpose of explaining the structure, functions, and diseases of the human body."

Signed by JAMES MACARTNEY,
M.D. F.R.S., Professor of Anatomy and Surg. Trin. Col.
Dublin, and above fifty others.

The paper lies for signature at Dr. Macartney's Museum, and it is not intended to be exclusively confined to medical men.

DISSECTION A MISDEMEANOR.

WE gave, in a former Number, an account of the trial and conviction of Mr. Davies, at Warrington, for having in his possession a dead body, which he had purchased for the purpose of dissection. The trial is of the utmost importance, since, from the Judge's charge to the jury, there is no longer any doubt that all dissection is illegal, except of those who have been executed for murder. Dissection thus constitutes a misdemeanor, which attaches itself to every member of the profession who endeavours to obtain a knowledge of anatomy; and for this Mr. Davies is to be brought up for punishment at the Court of King's Bench next term.

The result of this trial has excited general sympathy for the defendant, and we have much satisfaction in an-

nouncing that a large portion of the profession have entered into a subscription, not merely to defray the expenses already incurred, but to meet those which must unavoidably follow.

The list of subscribers is already numerous, and we are happy to observe the names of Sir Henry Hallford, Sir Astley Cooper, and other leading members of the profession, at the head of it.

Subscriptions (limited to one guinea) will be received by any of the Medical Booksellers.

A Committee has undertaken to manage the subscription: the proceedings will be made public on an early day.

SOCIETY FOR THE RELIEF OF THE WIDOWS AND ORPHANS OF MEDICAL MEN IN LONDON.

THIS society originated about forty years ago, by the exertions principally of its first Secretary, Mr. Chamberlaine, aided by the influence and station of Drs. Denman, Dennison, Sims, Squire, and Douglass. Sir George Baker, at that time President of the College of Physicians, was its first President; and among the first directors of the institution are found the names of John Hunter and Matthew Baillie.—Sir G. Baker remained President until his death, and was succeeded by Mr. Ware, to whom the society was greatly indebted for the very active part he had taken in promoting its interest by his personal exertions, and by his very liberal pecuniary aids. After the death of Mr. Ware, the unanimous voice of the members placed the late Dr. Baillie in the chair of the institution. This choice was fully justified by the assiduous attention he ever paid to the duties of his office, and by the great zeal which he manifested on every occasion to promote the prosperity of the establishment. Baillie was succeeded as President by

Sir H. Halford, who had already, on many occasions, very essentially contributed to benefit the society by his own liberal donations, and who has since, by his influence in the highest quarters, procured for the fund many very handsome benefactions.

About the year 1810, the Duke of Kent was solicited to become patron. His Royal Highness was zealous in promoting its interests, and at its annual festivals never failed to employ on its behalf that impressive eloquence for which, on all occasions of charity, he was so eminently distinguished. On the lamented death of the Duke of Kent, the Duke of Sussex was chosen patron, and, animated by the same philanthropic spirit as his predecessor, has since given to the institution the advantage of his powerful assistance.

Under the influence of this high patronage, the society has become more generally known, and has derived increased means of effecting its benevolent intentions.

The institution is formed upon the principle of mutual assistance, and none but the widows or children of those who had contributed to its funds as members can derive from it any benefit. These receive assistance regularly every half year—*not as a boon, but as their just and undeniable right*. The laws of the society specifically mark the circumstances which give a claim upon its funds, and the directors carefully secure it, on the one hand, from being invaded by those to whom its relief is not applicable, while they equitably and with delicacy administer to the assistance of the legitimate claimants. We believe that no instance has ever occurred in which the smallest partiality has been exercised. To be admitted as a member, a regular medical education, and a good moral character, are indispensable. The terms of subscription are twenty guineas, payable at once, or an adminis-

sion fee of two guineas, and an annual payment of the same sum for twenty years. The advantages are 30l. per annum to the widow; ten pounds annually to each child under fourteen years of age, and twenty pounds on attaining the age of fourteen. The security for such benefits now held out by the society, is the character it has obtained after 40 years existence, and a capital of more than thirty thousand pounds.

The society lately celebrated their *fortieth* anniversary at the Freemason's Tavern, when we were glad to perceive that Sir Henry Halford was in the chair, supported by the President of the College of Surgeons, the President of the Medical Benevolent Society, and about seventy of the most eminent members of the profession.

FATAL MISTAKE OF A JURY.

THE “glorious uncertainty of physic” has long been proverbial, and we lament to find that even the law has not yet attained that degree of accuracy which the importance of its operations renders a consummation so devoutly to be wished. The unfortunate woman who was executed only a few mornings ago, for destroying her child, has been examined by Dr. E——, a distinguished phrenologist, who (not knowing the history of the individual, and, therefore, free from all intention of bringing discredit on the *executive*) on inspecting the head, pronounced the organ of destructiveness to be very imperfectly developed; while that of philoprogenitiveness was very strong,—so that, in the words of the Doctor, which were fortunately taken down at the time, “she had a great attachment for her children!”

We earnestly recommend the subject to the notice of Mr. Peel; and as it must be of paramount importance to

limit punishment to those who, by the development of their bumps, demonstrate at least a *probability* of guilt, we would venture to suggest that a commission should be appointed, consisting of Mr. Deville, Dr. E., and a few others, to whom, in all doubtful cases, appeal should be made, with power to reverse the sentence of the court whenever the evidence on which the verdict has been founded is opposed to the phrenological indications.

DR. FORBES.

IN another part of the present number will be found some documents relating to this gentleman's resignation of the office of Physician to the Westminster Eye Infirmary. We have given insertion to them, chiefly from a desire to be impartial; but as we believe the profession are tired of the subject, we shall not enter upon it here. The documents are before the public, and those who feel any interest about the matter will judge for themselves.

WHAT IS MEANT BY AN *AMENDE*?

ON Saturday last, an extraordinary and rather discreditable scene was exhibited at St. Bartholomew's Hospital. Mr. Earle was in one of his wards, in the act of commencing an operation, (excising a tumor from the neck) when Mr. Lawrence entered, accompanied by a number of pupils, and among the rest the reporter of the *Lancet*. He immediately attacked Mr. Earle for having used the word *amende* in his letter in the *Medical Gazette* of last week, as applied to him; adding, that if he had previously seen the letter, he would not have sanctioned the expression. Mr. Earle asked, in what his objection to the term consisted? To this, Mr. Lawrence re-

plied, that *amende* meant *reparation*, and he did not consider that any reparation was due. Mr. Earle said, that he intended the word to apply to the expressions of regret used by Mr. Lawrence, on his remonstrating with him for admitting as a pupil the hiring of a *Journal*, in which he (Mr. Lawrence) was as indiscriminately praised, as Mr. Earle was misrepresented and belied. He deprecated the discussion of the subject in such a place, and in such presence; but being thus attacked, he reminded Mr. Lawrence that his language on Monday was very different from what it had been two days before: on the first occasion, he had said, that he would admit as many reporters from the *Lancet* as he pleased; but on the determination to bring the question before the public being manifested, he had retracted, in the presence of Mr. Vincent, (to whom Mr. Earle appealed for the truth of every syllable in his letter) expressing his regret that he had admitted a pupil under such doubtful circumstances. This was what he, Mr. Earle, understood by making an *amende*. Mr. Lawrence endeavoured to draw a distinction between expressions of regret which he did not deny having used; and making an *amende*, which he insisted meant reparation, and that reparation was neither called for nor offered. On this, Mr. Earle asked, "if no reparation was due, why did you offer to Mr. Vincent and myself to return the pupil in question his fee, and prohibit his attendance?"

Mr. Lawrence met this question by asserting that he had said so—in irony! at the same time, he begged to say, that he had no wish to urge the matter farther; and having held out his hand to Mr. Earle, turned and left the room.

The reporter of the *Lancet* was observed to be busy taking down what passed, and although *we* were not pre-

pared for such an exhibition, it fortunately happens that no fewer than *four* of the gentlemen present have favoured us with the above particulars, which we believe to be essentially correct, and to which we can truly say, that we have given no colouring, so as to make it more or less favourable to either of the gentlemen.

That Mr. Lawrence should not have liked the expression *amende*, as applied by Mr. Earle, we are not at all surprised. It implied that he had done something, on account of which he felt that his colleagues were entitled to some explanation at least, if not to more direct apology. But the question was, not whether he liked it, but whether he had or had not made it. Mr. Lawrence says that *amende* means *reparation*;—and, in fact, its strict meaning is a “mulct or fine;” but in common language, when a man having done a thing which he knows not to be right, says he is sorry for it, and promises not to do it again, we say that he has made his *amende*, although he may not virtually have made any *reparation* properly so called. Still it was an awkward expression, as it compromised Mr. Lawrence with the *Lancet*; and it really appears to us that it was this feeling which led to the above singular dialogue. On this point we can only say, that Mr. Lawrence must make up his mind, either by taking a decided and manly part, to shew that he is *FREE*, or else the world will suppose, notwithstanding his assertions to the contrary, that he has some equivocal connexion with a paper in which he is always praised—we will not say undeservedly, for he is often entitled to praise—but in which he is *indiscriminately* lauded, while his colleague is vituperated; and according to which, like Royalty, he “can do no wrong;” while men, in nothing his inferiors, are ridiculed, calumniated, and abused.

One word more,—the *Lancet* is sinking, and with it all on whom it has inflicted its protection are in danger. Does Mr. Lawrence know how his health was received at the anniversary dinner on Saturday?

TRIAL FOR DEFAMATION.

A CAUSE was tried at the Tribunal de Premiere Instance, Paris, on the 10th instant, which has excited considerable interest among our professional brethren residing in Paris. A Mr. Roberts settled in the French capital as a chymist, and obtained an appointment as apothecary to the embassy. After some time, however, it appeared that the English physicians recommended another chymist; upon which Mr. Roberts accused them of giving the preference to his rival in consequence of receiving a percentage on the prescriptions. This accusation appears to have been made in Galignani's Messenger. The physicians addressed a letter to Lord Granville, who dismissed Mr. Roberts; and he brought his action against five out of thirteen physicians who had signed the letter: viz. Drs. Boyton, Morgan, Wilson, Chermiside, and MacLoughlin. The counsel for the defendants seems to have managed the case extremely ill, being provided with no proofs of any kind whatever. M. Barthe, for the plaintiffs, indulged in a most illiberal attack upon the English physicians, full of misrepresentation and absurdity. The absence of the necessary proofs on the one hand, and the confident assertions on the other, had their natural effect; and after a short deliberation the court pronounced judgment to the following effect.

“Seeing that the defamatory imputations of the persons who signed the letter are not supported by proof; that these imputations occasioned the dismissal of the plaintiffs from their connexion with the embassy; that the

physicians prosecuted are responsible for the prejudice caused by them, the tribunal condemns them *in solido* to pay 5000 francs damages, with costs, and to have 25 copies of the judgment posted up in the capital."

We understand that it is the intention of the defendants to appeal.

Appointment of a Committee to inquire into the existing difficulties in the cultivation of Anatomy.

WE copy the following from the Times of Wednesday:—

Mr. Warburton said he should trespass but for a very few moments on their patience in explaining the object of his motion, anxious as the house appeared to be for proceeding to a subject of still greater importance. That object was simply the propagation of scientific and anatomical information, by means of facilitating a regular supply of dead subjects for dissection in our schools of surgery. Although our students in surgery were numerous,—amounting, perhaps, in London, to 600 or 700, without including the country,—if it were not for the difficulty experienced in providing subjects on which the Professors might lecture, this number would be considerably increased; for it was now ascertained, that there were not less than 200 English students in Paris, and about 300 in Dublin, besides some in the Flemish and German schools of anatomy, whose only reason for retiring from their own country would be found to originate in the cheapness and facility with which they were supplied with subjects for dissection, contrasted with the difficulty and expense which they experienced in prosecuting those studies so beneficial to humanity. Taking the supply for these students to be at the rate of two subjects for each, the number of subjects required annually could not much exceed 2000, if our schools were as full of students as we had a right to expect. How far this supply was aided by legal provision, might be conjectured from the fact that there was no provision made by law for surrendering up to the College of Surgeons any bodies of malefactors, except murderers, who were found in London and Middlesex not to exceed

five on an average in seven years. It was not his intention at present to trespass on the province of the medical gentlemen, whose interests were more particularly at issue, by detailing, or even suggesting, the outline of the remedy which they believed they had it in their power to suggest to the house, so as to remove the difficulty existing in procuring a supply of subjects. He would, nevertheless, state a circumstance which proved that the growth of information tended, and must daily still more tend, to remove the prejudices and repugnance to dissection, which formed one of the most formidable obstacles to overcome in the path of science. A Professor, of well-known celebrity, who had lectured on the subjects of osteology before an assemblage of 1200 mechanics, much to their satisfaction proposed to continue his course of lectures on the human frame still further; these persons, although not accustomed to such an exhibition before, expressed a wish to hear the lecturer treat of the softer parts of the body, and accordingly a disinterred subject was introduced, the face being concealed, and other precautions taken to render it less offensive; and, singular as it may appear, with the exception of two or three weak stomachs, all witnessed the dissection without either disgust or loathing—[A laugh]—and the body, after the operation of dissecting all the muscular and vascular parts, was reduced to a skeleton, and is at this moment the property of the institution.—[Laughter.] The Hon. Member concluded by moving for a Select Committee to inquire into the manner of obtaining subjects for the schools of anatomy, and into the state of the law affecting them.

Mr. J. Smith, in seconding the motion, considered it of importance to the public and to science that students should not be deprived of the opportunities of dissection until the subjects were far advanced in a state of putrescence.

Mr. Peel acknowledged that if ever he entertained a doubt as to the propriety of making some legislative provision on this head, it arose altogether from delicacy, and a consciousness of the difficulty of combatting successfully with old and confirmed prejudices. At the same time he would admit it was not a light matter that so many eminent and intelligent men in that profession should feel it necessary to appeal to that

house, and state that they felt very great difficulty in prosecuting their useful and humane inquiries, in consequence of the obstacles arising out of the present state of the law in this respect. For the enlightened views, pure philanthropy, and liberal feelings of medical men generally, he felt so much respect, that he did not hesitate to pronounce them a blessing to their native land, and an honour to humanity (hear): yet he would suggest the necessity of preserving great moderation and caution in bringing forward a measure which seemed to conflict with the prejudices of mankind generally, and wage war with those feelings of respect for the departed which survived beyond the grave. One of the worst possible topics to introduce into his speech was the calculation made by the hon. member that 2000 dead bodies would be requisite yearly for the supply of the students of the metropolis. The only point, too, in which that hon. member's anecdote respecting the victory obtained over prejudice in the Mechanics' Institute failed, was not that a few weak stomachs grew qualmish, but that none of these eager disciples of information had, in order to show their disdain of vulgar notions and ancient prejudices, come forward and justified the eulogium the hon. member had pronounced on them, by offering their own bodies to be dissected; for this vulgar prejudice was not a prejudice against seeing bodies dissected, but a prejudice against being ourselves dissected. The attempt to supply the advantages derived from dissection by the substitution of wax-work and wax-models, had been very properly denominated merely mangling the living instead of the dead. He was aware it had been suggested, that in order to increase the supply, the bodies of all persons dying under sentence for felony should be given up for dissection. To this it was objected that the practice would decrease the punishment, and perhaps proportionally diminish the horror felt for a murderer's doom. He should wave all personal objection to the appointment of a committee to inquire into the subject.

The motion was agreed to; and the committee accordingly appointed.

Extract from the Register of the House of Commons, April 22.

Select Committee appointed "to inquire into the manner of obtaining

subjects for dissection in the Schools of Anatomy, and into the state of the Law affecting the persons employed in obtaining or dissecting bodies:"—Mr. Warburton, Mr. Secretary Peel, Mr. George Dawson, Mr. Stuart Wortley, Sir Ronald Ferguson, Mr. Spring Rice, Mr. Hume, Mr. Alderman Wood, Sir James Graham, Sir John Wrottesley, Sir Thomas Baring, Mr. Littleton, Lord Nugent, Mr. Home Drummond, Mr. John Smith, Sir Robert Wilson, Mr. Bransby Cooper, Mr. Paulet Thomson, Mr. Leycester, Mr. Protheroe, Mr. Hobhouse:—Power to Committee to send for persons, papers, and records; Five to be the Quorum.

HOSPITAL REPORTS.

ST. GEORGE'S HOSPITAL.

Diseases of the Cranial Bones.

CASE I.—Caroline Hollyoake, æt. 20, was recently admitted under the care of Mr. Rose, labouring under the following symptoms. Towards the fore part of the right os parietale, and extending across the coronal suture to the os frontis, the bone is completely exposed for a space about the diameter of a crown-piece, but longer. The edges of the scalp around are curiously tucked in, but the probe passes in every direction beneath them for a considerable distance; as far, on the inside, as the sagittal suture. The greater portion of the exposed bone is black and scabrous, and around it a line of separation has been commenced, but not completed. Through the serrated edges of the coronal suture, which cross the exposed bone anteriorly, and are more separate than they should be, pus is seen undulating in correspondence with the pulsations of the brain, and on introducing the probe, it appears to pass through the suture, down to the dura mater. The menses have always been irregular, but three years previous to her admission they ceased entirely. About a year ago she became hysterical, and began to be affected with pains in the forehead. In May last, she noticed some discharge amongst the hair, so that an abscess appears to have formed, and the scalp, at the seat of the disease, to have been gradually destroyed by ulceration. Her appearance is as miserable and puny as can be imagined, but there is no reason

whatever to suspect any syphilitic taint, nor has she ever received any injury on the part. There is no pain in the head, or any where else—no paralysis—no particular symptom of any kind. The general health, however, is indifferent, and she says her memory is impaired; but this is an assertion which, in such cases, can be little relied on.

Poultices were applied, and on the 13th, Mr. Rose removed a portion of the blackened outer table by an elevator, shewing a quantity of spongy, bleeding granulations underneath. On the 29th, the scalp was pretty freely divided by the scalpel, and a much larger portion of the outer table removed by Hey's saw and the trephine. The granulating surface, which was now extensively exposed, had a general pulsation; in some parts, certainly, more decided than in others. A good deal of constitutional disturbance followed the removal of the bone, but after a few days it subsided, and the case went on favourably enough. The pulsation in the granulations in a great measure diminished, and the wound was beginning to close in, when the girl was persuaded by her friends to leave the hospital. At this time the probe could be passed for some distance across the forehead, shewing the os frontis denuded of its pericranium.

In this case no injury had been received; no suspicion of syphilis existed, nor was there any probable cause assignable for the disease of the cranial bones, unless we are to suppose that it depended, like ulcers, in the softer textures, on the general cachectic habit. Whatever was the cause of the affection, it is worthy of remark, that the dura mater should have been so extensively exposed, as in this case it must have been, with so little disturbance of the system, either partial or general. Another case, though not exactly similar to the above, occurred a little while ago at this hospital.

Mary Blith, æt. 31, was admitted under the care of Mr. Brodie, on the 14th Nov. 1827.

She states, that about seven years ago, she received a severe blow on the left side of the head, which stunned her at the time but did not confine her to her bed. The pain was excessively severe, and in the course of a few days she applied to a surgeon, who "lanced the cheek." From that time to this she has been suffering occasionally, and

leeches, blisters, cupping to the temples, and nucha, have been employed at different periods. She has never been subject to any fits since the reception of the blow, but sixteen years ago she was subject to what she calls "inward convulsions."

In the left temple, near the junction of the frontal and parietal bones, there is seen a tumor about the size of a crown-piece, but more oblong, and not very prominent. It is hard, except at the anterior part, where it receives the impression of the finger, and there is considerable pain on pressure, shooting through the head to the opposite temple. She has some slight dimness of vision, and occasionally *muscæ volitantes* floating before the eyes; there is also heaviness across the brow, increased on lying down; but her appetite is good, her health suffers little, and her appearance is not indicative of very serious disease. The catamenia are irregular. She was put upon salines, with carbonate and sulphate of magnesia; and on the 22d, Mr. Brodie made a crucial incision through the tumid part, dividing the pericranium, and carrying the knife down to the bone. The latter was found enlarged, and the pericranium somewhat thickened. The pain in the head was relieved for a day or two by the operation, but it returned, and on the 4th Dec. erysipelas appeared around the wound, accompanied with a great deal of cerebral disturbance. It was treated by salines with antimonial wine, in the first instance, and subsequently, when the tongue had begun to clean, bark was added. Under this plan the erysipelas disappeared in the course of a fortnight, but an abscess formed on the top of the head, which was opened, and a small quantity of matter discharged. From this time up to nearly the middle of January, she was subject to repeated attacks of erysipelas of the face. She had the old pain in the forehead, but not so severe as it was upon her admission, and the dimness of vision was, if any thing, improved. Another symptom, which we omitted mentioning before, viz. numbness and loss of power in the hands, was also in some measure relieved. In February she left the hospital.

This case corresponds very nearly with that described by Dr. Crampton, under the name of periostitis, in the Dublin hospital reports.

Sir Everard Home, many years ago,

published a paper, in which several cases of this affection were detailed. Mr. Brodie also, in his clinical lecture upon the above, related to the pupils several cases where incisions through the pericranium to the bone had been productive of complete relief. A woman received a blow upon the head, and ever afterwards suffered considerable pain in the part, with dimness of vision and numbness of one hand. Mr. Brodie divided the pericranium, which was a little thickened, and the patient quite recovered. In this case the treatment was not attended with the same success, although there certainly was some relief. The repeated attacks of erysipelas are curious, but we believe it has been observed, that in chronic affections of the brain or its envelopes, the circumstance is not uncommon.

ST. BARTHOLOMEW'S HOSPITAL.

Cases of Tetanus.

Two interesting cases of this disease have lately occurred at this hospital, both of which terminated fatally. The following are the particulars.

CASE I. which terminated fatally on the third day.—William Golden, a fine lad of 16, was admitted on the 25th of March, at 9 P.M., labouring under tetanic symptoms. It appeared that on the 23d, while taking down the shutters from his master's shop, one of them slipped, and struck him over the posterior part of the neck; he was picked up insensible, but soon after recovered, and went about his usual employment, (a pot-boy). On the morning of the 24th, he was seized with shivering, and a fixed pain along the front part of the cervical region. Becoming worse, and not being able to do his work, he was discharged and sent to the hospital. He stated, that last night he had a severe pain in his head and throat, and rigidity of his jaws, and passed the night without sleep. His symptoms at this period were exceedingly violent—"the muscles of the neck are very rigid, and the jaws nearly closed; his body is in a profuse perspiration; countenance flushed; pulse 130 and full; complains of a pain extending from the sternum to the back; bowels have not been evacuated within the last 24 hours." His neck was carefully examined, but it did not appear to have sustained any injury. Ordered calomel and julap, with one

drop of croton oil. This procured two or three dark-coloured stools. Symptoms continue unabated. He is seized with convulsions every ten minutes. The muscles of the left side of the body are observed to be much more rigid, during the convulsions, than on the right.

March 26th, 9 A.M.—Much worse. His head is immoveably fixed, and drawn backwards; great difficulty in swallowing; respiration hurried, and rather oppressed; pulse 130; skin hot and dry; abdominal muscles exceedingly tense; the introduction of the catheter was necessary, the bladder not acting. Twenty ounces of blood were ordered to be taken from the cervical spine, by means of cupping; the spine to be rubbed with a spirituous solution of belladonna(3j to ʒj). One drachm of croton oil, directly followed up with a purgative enema. At 4 P.M. his bowels had been well acted upon, and the patient stated that he felt somewhat relieved. Spasms had been less violent for the last two hours, the muscles of his jaws were less rigid, he could partially open his mouth;—3j. Tr. Op. Ol. Croton. ʒi. ordered to be given immediately, and the laudanum to be repeated every hour. At 7 P.M. the boy said he felt much easier; the convulsions, since the exhibition of this medicine, have been much less frequent and violent; it may, however, be right to state, that each time the muscles of the throat were put into action, a violent spasm was immediately produced, and such was the patient's dread of this, that it was with great difficulty he could be made to take his medicine. He is perfectly sensible, and, indeed, has been so ever since the first attack.—Cont. Med.

11 P.M.—Convulsions have returned with renewed violence; jaw permanently closed, and he is quite unable to swallow; passes his fæces involuntarily; his pulse cannot be counted, and he is delirious. At 12, a violent spasm put an end to his sufferings.

Post Mortem Examination.—Head: the vessels of the pia-mater were more than usually distended with blood; but there was no preternatural quantity of fluid, nor any other vestige of disease observable any where within the membranes. The cervical portion of the spinal cord, to the extent of an inch, had undergone considerable softening;

the membranes also, covering this portion, were evidently inflamed, and much thickened. There were slight appearances of inflammation having existed in the trachea, beginning about an inch below the upper edges of the arytenoid cartilages, and extending three inches downwards. No morbid appearances were observed in the thoracic or abdominal cavities. It may be well to mention, that in all the large vessels the blood was more fluid than usual.

CASE II., which terminated fatally the 19th day.—John Thompson, a stout healthy-looking young man, about 25 years of age, admitted March 24th. He gave the following account of his case. About a fortnight ago, he lacerated his little toe with a pick-axe. The wound caused him considerable pain for several days, but, with a little care, it healed in the course of a few days, and he was enabled to renew his labour. No untoward symptoms occurred till within three days of his admission, when he was suddenly seized with a contraction of the muscles of the back and neck, attended with a slight degree of trismus. This attack happened at 7 in the evening. During the night he complained of a soreness in his throat, and his jaws became more firmly contracted. The next day he sent for a surgeon, who bled him largely, and ordered him some opening medicine. He did not derive the least relief from the bleeding, but thinks he soon after became much worse. He was brought to the hospital on the third day from the first attack. His symptoms were much the same as in the preceding case, excepting that his pulse was small, quicker, and more irregular. Ordered Calomel gr. v. P. Julap, gr. xv. statim. He was seen again in three hours time, and there being no evacuation from his bowels, it was deemed expedient to give Ol. Croton. \mathfrak{m} ii. Mucil. Acaciæ, \mathfrak{z} ij. M. capt. dimid. stat. et rep. si o. sit.—post. enem. com. The following ointment was ordered to be frequently rubbed on the anterior part of the chest and thighs, with the view of getting his system affected as quickly as possible.

Rx. Ung. Hyd. fort. \mathfrak{z} ij. Pulv. Opii, \mathfrak{z} ii. M.

4 P. M.—His bowels have been well opened: the secretions are of a very unhealthy colour, untinged with bile, and free from a stercoraceous smell.

Spasms continue unabated, and during each convulsion he feels as if he should be suffocated. His respiration is free and natural; his jaws are permanently closed; deglutition tolerably easy. In conjunction with the above remedies, Mr. Earle ordered him to take Tr. Opii, \mathfrak{z} ij. statim et rep. omn. hor.—rep. Cal. c. Julap.

11 P. M.—Something better; pulse more regular, and the convulsions have not been nearly so frequent.

March 25th, 9 A. M.—During the latter part of the night, and the earlier part of this morning, he has had several copious dark-coloured stools, which brought away a considerable portion of tape-worm; to which he has been subject for many years. The muscles of his neck and jaws are less stiff, and he is enabled to open his mouth to the extent of a quarter of an inch. Spasms not so strong; mouth slightly affected by the mercury; his abdominal muscles are exceedingly rigid, but he has complete power over the bladder and rectum. Mr. Earle conceiving that the disease was most likely kept up by intestinal irritation, from the presence of tape-worm, ordered Calomel, gr. iij. P. Julap, gr. xii. statim, and to be repeated at 2 P. M. Cont. Tr. Opii.

11 P. M.—Has had several motions, and has voided more worms; does not feel quite so well; spasms are rather more frequent, and his jaw is again closed. Cont. Tr. Opii.

26th, 9 A. M.—There is a decided improvement in his case; he has slept about two hours this morning without having a convulsion; the muscles of the upper half of the body are less rigid, and he is able to swallow well, though he cannot open his mouth more than half an inch. Two motions since last night, but no more worm has been voided. The laudanum appears to affect him very little, for he has been nearly free from headache or giddiness; the quantity he has taken, up to this period, amounts to rather more than 10 fluid ounces. Skin hot and dry, urine very high coloured and scanty. Ordered Calomel, gr. v. Antim. Tart. gr. ss. statim.—At 4 P. M. he was no worse; he complained of head-ache; bowels not open. Ordered Calomel, gr. v. Ant. Tart. gr. ss. P. Julap, gr. x. in pulv. statim; and only half the quantity of laudanum to be taken every hour.

27th.—During the night he had two

or three very strong convulsions, since which he has had a comfortable sleep. This morning his countenance is more cheerful; he is able to open his mouth sufficient to put out his tongue, which is rather dry and furred; his motions are still of an unhealthy colour, and scanty. The laudanum was suspended, and the following powder substituted in its stead.

P. Ipecac. Co. gr. x. 3tiis horis. Calomel, gr. i. P. Julap, gr. v. 6tiis horis.

28th.—Feels much better; has had but few spasms; skin cool and moist; pulse exceedingly small, and he complains of want of nourishment. Strong beef-tea, and arrow-root and milk, to be given ad libit.

29th, 3 A.M.—He became violently convulsed, and 3j. of Tr. Opii was ordered to be given every half hour.

March 30.—Much worse: jaws nearly closed: spasms occur every half hour.

Ordered, Mist. Mosch. c. tr. Opii 3j. in sing. dos. 3tiis horis.

Alvine secretions look healthy.

March 31.—No better.

Ordered, Braithwaite's black drop: ℥ xv. Tr. c. Opii, 3j. omni hora.

At 12 p.m. he was delirious, and the spasms were very violent. The opium was ordered to be stopped.

April 1st.—Much the same: the bowels to be kept open with small doses of castor oil.

April 3d.—Spasms still continue very violent: there is great difficulty in swallowing.

Ordered, Ol. Tereb. ʒj. c Mucil. Acaciæ, ʒss. haust statim. Tr. Opii 3j. statim.

April 4th.—Passed a restless night: was unable to take the whole of turpentine draught, but found relief from the laudanum: bowels have not been opened since yesterday.

Calomel, grs. iv. P. Julap, grs. x. in pulv. stat. Tr. Opii, 3j. dimid hor.

April 5th, 9, A.M.—Much worse: he is violently convulsed, and unable to swallow: jaws permanently closed: opisthotonos to a great degree: passes his urine and fœces involuntarily: pulse 130, and intermittent. Mr. Earle ordered the belladonna solution to be rubbed along the spine.

He lingered until 11 o'clock, p.m. when he expired in a violent spasm.

Examination of the body 12 hours after death.

Head: there was considerable effusion of serum between the arachnoid and pia mater, separating the convolutions of the brain: pia mater more vascular than usual, but not inflamed: substance of the brain healthy: spinal cord presented its usual firmness, and was free from vascularity: the pharynx was of a bright red colour: the larynx and trachea were highly inflamed, the mucous lining being of a bright crimson colour: the lungs in this case were gorged with blood, which, as in the other, was observed to be very fluid: the peritoneal surface of the intestines was exceedingly vascular: the stomach bore evident marks of recent inflammation, particularly near the pylorus. The remainder of the intestinal canal was next examined: the lower portion of the ileum and cæcum were much inflamed, and ulcerations were found studded over its surface: the different ganglia of the sympathetic presented nothing unusual.

GUY'S HOSPITAL.

Case of Rupture of Intestine, from a Blow on a reducible Scrotal Hernia.

Treated by Mr. Key.

JOHN Cox, a middle-aged man, was admitted into Guy's hospital, April 16th, at 2 o'clock, p.m., under the following circumstances. He had many years been the subject of reducible scrotal hernia; for which he had never worn a truss, and which had attained a considerable size. About two hours previous to his admission, he had received a violent kick from a horse, immediately on the site of the hernia. At the period of his admission, he was labouring under great depression; his countenance was pallid, his pulse feeble, and the surface of his body cold, and he had scarcely strength to walk. There was also pain in the vicinity of the hernia, and he complained of slight tenderness in the lower part of the abdomen. The hernia was returned to the mouth of the sac, and he was ordered

Hirudines, xij. Hydr. Submur. gr. ij. Opii, gr. j. st. sumend. If no sickness should supervene, to take Ol. Ricin. ʒss.

8 o'clock, p.m.—The pulse has increased a little in fulness, and is 90;

there is an augmentation of the tenderness in the abdomen, a slight fur has made its appearance on the tongue, and the symptoms of collapse are wearing off.

Ordered, Enema. Commun. st. injiciend.

17th, 9 A.M.—The pulse remains the same in frequency, but has less power; tongue furred; tenderness and pain increased.

Repetant Pilula et Enema.

12 A.M.—Sickness has now come on; he has had no evacuation from the bowels, and there is a general aggravation of the symptoms of inflammation, accompanied, however, with so much collapse, as to preclude the possibility of employing general bleeding.

Ordered, Hirudines xij. Repet. Enema. Catap. Sinap. pedibus applic.

From this time he went on gradually sinking; the enemata and castor oil did not succeed in producing relief from his bowels, and at six o'clock in the evening he expired.

Inspectio Cadaveris.—On opening the abdomen, a large quantity of feculent matter, mixed with portions of the oil which had been administered, was found effused amongst the convolutions of the intestines; the peritoneum presented throughout its entire surface the marks of active recent inflammation, excepting at those parts where the matter had been prevented from insinuating itself by the close approximation of the viscera to the parieties of the abdomen. The opening through which the matter had been extravasated into the abdomen, was found in the ileum, about six inches above its termination: it was just large enough to admit the tip of the little finger. The laceration of the peritoneal and muscular coats were in opposite directions, and there was no appearance of the *rosebud* protrusion of the mucous lining, which occurs in incised wounds of the intestine.

PROCEEDINGS OF SOCIETIES.

WESTMINSTER MEDICAL SOCIETY.

Saturday, April 19, 1828.

THE discussion of the two former evenings was once more resumed, and much that had been said before was said again.

MEDICAL SOCIETY OF LONDON,

April 21st, 1828.

DR. THOMAS WILLIAMS, VICE-PRESIDENT,
IN THE CHAIR.

THIS was a special general meeting of the Society, convened for the purpose of petitioning parliament to adopt measures for the removal of the obstructions which, in the existing state of the laws, lie in the way of the cultivation of anatomical science. After some discussion, a petition to the House of Commons was adopted.

This petition was signed by a numerous body of the Society present.

MEDICO-CHIRURGICAL SOCIETY.

Tuesday, April 8th.

THE following papers were read:—
1. Description of a double-inclined plane of a new construction, by Mr. Cheshire. 2. A case of excision of a considerable portion of the lower jaw, by M. Mayer, of Lausanne; communicated by Mr. Wigan. 3. Some observations on an affection of the extremities, resembling phlegmasia dolens, occurring subsequent to fever, by Dr. Tweedie.

Tuesday, April 22.

Dr. Bostock gave a continuation of his former account of what has been called hay fever. The affection, in his opinion, arises from heat, having nothing to do with the effluvia of new hay.

A case by Mr. Wallace was read, in which that gentleman had tied the external carotid for a *nævus* of the cheek; the development of which was in some measure checked by it. Mr. Lawrence took occasion to state that, in his opinion, the cases of this nature, which had been recently published, did not justify the operation.

NOTICES.

At the request of "*Candidus*," we have again perused his paper, and are still of opinion that its publication might do harm, and could not do good.—Other Correspondents in our next.

ERRATA.

Page 530, second column, line 13 from the bottom, for "*uninteresting*," read "*interesting*."

In the leading article of last week, page 603, for "*any one who practises the healing art shall have professed dissection*," read "*any one who professes the healing art shall have practised dissection*."

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SATURDAY, MAY 3, 1828.

[Vol. I.

THE MANAGEMENT OF CHILDREN FROM THE BIRTH,

In England, and particularly in London.

From an Original MS. of DR. WILLIAM
HUNTER.

(Concluded from page 588.)

DISEASES OF CHILDREN.

Hydrocele.—Male children are liable, in the first weeks or months, to a collection of water in one or both sides of the body, which is often so tight, that it is apt to be thought an enlargement or schirrus. Parents are alarmed, and surgeons themselves often treat it as if it were of importance. I have known cases where various methods of cure have been tried, and even the operation performed; but, for the last 25 years, I have not known one case fail of doing perfectly well when left to itself, and, therefore, always beg that nothing may be done.

St. Anthony's Fire.—In early infancy children are liable to an erysipelas. It often begins upon the face or neck, or on the middle and lower parts of the trunk, and sometimes at the navel: now and then it begins upon some other part of the body. This is a disease which is attended with considerable danger; accordingly, many such patients escape, and many die, in whatever way it be treated. I have seen the cooling methods and purging pursued, and the warm or cordial methods likewise followed out to the last, in a variety of instances, without being able to say, upon the whole, which did most good, or least mischief; but I think I can say, that I have observed better success, upon the whole, from doing little

more than paying attention to general health, calming or checking the symptoms when they run high, giving the bark by the mouth or in the way of clysters and fomentations, or other cordials when the patient grows languid, and two or three doses of gentle physic when the disease is going off. Sometimes swellings, and even suppurations of the lymphatic glands, happen in consequence of the extravasated fluid, become acrid, being absorbed. These require only repeated applications of soft poultices: they will open of themselves, and heal up with less scar than if opened by the lancet, and dressed according to the rules of surgery.

Flatulency.—Children are almost all a little incommoded, at times, with wind in their stomach and bowels. When it disturbs them much, all nurses give them something carminative, that is, something warm, from time to time; such as anise, or caraway, or cardamom seeds bruised, in their food; or a little of the infusion of such seeds; or a little (a tea-spoonfull) of any of the warmer simple distilled waters, (such as dill, or peppermint,) diluted with as much spring water; and the immediate good effects of such cordials are apparent. Yet I would advise that such cordials be not given but upon urgent necessity; because the complaint is seldom more than a temporary inconvenience; and the frequent repetition of the cordial will increase the necessity of giving, and induce an early and dangerous habit of requiring cordials for the stomach and bowels.

Gripes, or Colic.—Children brought up at the breast of a healthy woman, seldom require any physic: yet if they appear to be disturbed in their bowels,

whether their stools be thin and sharp, or very slimy, or with many small knots of white curds of milk indigested, or become very green and sour, we give immediate ease by throwing up a clyster of plain weak broth; then give a dose of rhubarb, with Gascoign powder, to carry off what is offensive, and afterwards, a little Gascoign's powder night and morning. If the disorder continues, we repeat the dose of rhubarb every two, three, or four days, and give broth-clysters when the child has any fit of pain. And among such children we hardly ever see what we call the watery gripes, or at least not for any continuance. We give that name to a frequent purging of thin stools, like water, in which there is hardly any substance; generally attended with pain, screaming, restlessness, a rapid wasting of flesh, and often a more than natural craving for food, or voraciousness; and every meal is commonly succeeded by a purging stool—for every thing which is taken into the stomach is hurried through the body: whence, from such a disorder, a child is wasted, or melted down to a skeleton, in a very short space of time. The sharpness and frequency of the discharges per anum, bring a heat and soreness all round that part of its body; the child gets no rest; its countenance expresses extreme misery and wretchedness; its mouth frequently is thrushed, or aphthous; and at length, after a very hard struggle, and often after convulsions, in most cases, the poor infant dies.

Terrible as it is, this disease, for the most part, is easily prevented, and easily cured, if properly treated before it has gone great lengths. It is the common misfortune which attends the artificial methods of bringing a child up without the breast. Let the child suck, before the complaint has gone too far: if too weak to suck, let the nurse frequently give small quantities of fresh-drawn milk, in a spoon, or boat; and that the milk may stay in the stomach, and turn to nourishment, give, several times a day, a few grains of Gascoigne's powder, with a little nutmeg, or any thing that is warm and cordial. Sometimes we give a single drop of laudanum, rubbed into two of these powders, with a view of procuring a little respite. If woman's milk cannot be got, ass's milk is the next best.

If a child at the breast has this com-

plaint, which rarely happens,—or if the objections to a trial of a wet-nurse be insuperable,—we give frequent broth clysters, absorbent powders, medicines that are warm and gently restraining, opiates cautiously, and apply cordial fomentations and epithems to the belly; and we try weak broth for food, with flour of rice, &c.

Convulsions.—In proportion as we are younger, the irritability of the brain and nervous system is as predominant as their bulk. Thence convulsions happen so frequently in children, from a variety of causes; and thence, too, so often without doing much mischief. In the first months, the most common cause of convulsion is some disorder of the stomach or bowels. We, therefore, instantly give a clyster and a dose of rhubarb, with some cordial medicines to comfort the bowels. By bringing the bowels into good order, we cure convulsions, because we thereby remove the cause. Convulsion being a symptom, not a disease, little more is to be done, in most cases, than attention to general health. The convulsions which arise from dentition, or from water in the head, will be considered hereafter.

Water in the Head.—When an unnatural quantity of water accumulates in a child's head, either before or in a few months after its birth, the case is generally discoverable by the breadth of the sutures and mould, as well as by the bulk of the head; the symptoms are more mild, because the seams of the head give way, and allow the brain to accommodate itself insensibly to the state of the water contained. Thence such a child will live some months, or even many years, and its head will swell to an amazing size. But the disease, from the time that it becomes perceptible, is absolutely out of the reach of all assistance by art.

When an unnatural quantity of water collects in a child's head, after the skull is grown pretty close and firm, as at twelve months of age, or later, the disease, though frequent, cannot be known *with certainty*: the bones do not recede in proportion as the water collects, and the brain, in proportion, is more oppressed; whence heaviness, convulsions, fever, &c. and death. Except for attention to general health, and to alleviate symptoms, this disease likewise is out of the reach of art.

Starting or Protrusion of the Navel,

is a very common weakness in children, particularly in such as are frequently disordered in their bowels, and strain much, either by crying or from other causes. It should be very carefully attended to in females; because, if they grow up with a weak or lax navel, they will be in proportion more liable to a rupture at the navel from pregnancy. It is always cured by binding it carefully down with a thick compress. If that cannot be kept properly upon the part, it should be made of pieces of plaister, spread upon leather, just adhesive enough to prevent its slipping from the precise place where the pressure ought to be made. A little ball of lint, wool, or cotton, should be put into the pit of the navel; and then the plaister-compress; the pieces cut in gradation larger, and the outermost piece considerably broader, to lay hold of a considerable surface of skin.

The cure is generally promoted by the use of the cold bath, because such children are commonly weak.

Dentition.—From six or seven months of age, to two or three years, many children suffer much from teething. When the symptoms are mild, and the body is open, or in a purging state, the case requires no particular treatment. The common symptoms are, purging or costiveness, occasional feverish fits, with restlessness, peevishness, and the other attendants of fever, eruptions on the body, of various kinds, and scabby eruptions on the face and scalp, cough, loss of appetite, high fever, and convulsions.

Whatever the symptoms be there is hardly any thing of real service to be done, but to keep the body very open, if it is not so, by frequent clysters and purging or opening medicines; and lancing the gums, whenever the fever runs very high, or when convulsions come on. If the operation be effectually done, upon the first fit, it is very seldom that a second happens.

It is hardly to be believed how much spontaneous purging children under dentition will bear, not only with impunity, but with advantage. It is generally a security against a dangerous fever or convulsion. It should therefore never be stopt, and even but seldom checked. The fever from dentition is remarkable for rising suddenly, and abating or going off as suddenly, and

returns from time to time in the most irregular manner.

Scabby Head and Face.—This disease, which we see frequently among children from three months to as many years of age, in its worst appearance looks terrible; and more especially to a parent. In spite of every thing that can be done by internal medicines, and by external applications, the whole scalp and almost the whole face, shall sometimes be covered over with a thick crust or scab, and the itching then so intolerable, that the child's hands are obliged to be tied down, otherwise it constantly scratches its face or head in a terrible manner, and makes it very sore and bleed, which increases the disorder. Yet this accident cannot by any care be entirely prevented; for the itching is so insufferable, that the child is ever upon the watch to rub the head or face, and with great violence, against any thing that touches it, the nurse's arm or breast, when carried in her hand, and its pillow when laid in the bed. Its sufferings keep a mother in perpetual agony. After having been inflamed, and having discharged a great deal of matter, it will often become cool and dry, and the scabs will peel off; and just when the parents flatter themselves that the disorder is going off, it will inflame again and again, and terrify them with the appearance of an incurable constitutional humour: yet it is seldom any mark or proof of foul blood, but is a common enough symptom of teething.

In my earlier practice I treated it as many (I am afraid most) people treat it still, with physic, issues, mercury itself, and a variety of sweeteners of the blood (as they are called), as well as of topical remedies; but I soon discovered that it is at least as profitable to allow it to have its course. It will generally go off as soon the one way as the other: keeping pace with dentition, it is exasperated when the teeth give irritation; mitigated or disappearing in the intervals, and taking its final departure when dentition is over.

Yet some management is necessary to make it more tolerable. Besides what we do in other cases of teething, nothing is required but to keep the affected parts very clean; we therefore cut off the hair from the scalp, and wash every part affected, two or three times a day, with warm milk, or any other innocent

liquor, to keep it soft, cool, to allay the insufferable itching, and to keep down the scabby crust; and, after drying the scalp with a piece of soft linen, put on an under-cap, or a piece of cambric or muslin, well greased with pomatum, to prevent the covering of the head from sticking or uniting with the scab. And if, by neglect, the scab has become very thick and hard upon the scalp, we apply a poultice some hours to soften it, and then it is easily washed off. But we can do little of this kind to the face: there we must be satisfied, therefore, with washing the scabby parts often and tenderly; and lay them over with sweet cream, or something oily, to prevent drying and accumulation.

LECTURES ON EXPERIMENTAL PHYSIOLOGY.

BY M. MAGENDIE.

Lecture Eleventh.

ON THE CEREBRO-SPINAL FLUID.

THIS fluid is contained within the cavity of the arachnoid of the medulla spinalis and that which lines the ventricles of the brain. The space existing between the cerebral and spinal masses and the membranes, had been long remarked by anatomists; but as this fluid commonly disappeared after death, they supposed that a kind of vapour only existed during life, looking upon an accumulation of this vapour, in the form of serosity, either as an accidental or a morbid appearance.

A direct and free communication exists between the arachnoid cavity of the spinal marrow and that of the ventricles of the brain. The arachnoid membrane does not separate the cavity of the fourth ventricle from that of the spinal marrow. In lifting up the layer of this membrane, which passes from the cerebellum to the medulla oblongata, and from that to the spinal marrow, a deep hole will be found, which is the entrance to the fourth ventricle; communicating, by this means, with the middle and lateral ventricles, and by its inferior part with the medullary cavity. M. Magendie calls this orifice of communication the

entrance to the ventricles. He affirms that he has always met with it, in every case and in every species of animal in which he has looked for it. Most anatomists have confirmed this statement; but a few have doubted its accuracy, because, in truth, it is not always easy to discover it in those animals where the orifice or hole is small: in the sheep, for example, where it will, at most, admit of the entrance of a crow-quill. This hole, therefore, causes all the smaller cavities—that is, the fourth, the third, the aqueduct of Sylvius, and the lateral ventricles—to constitute only one in reality, which, during life, is filled by the cerebro-spinal fluid. This encompasses, on all sides, the small veins of the ventricles, and keeps them, as it were, floating; whilst, after death, when the liquid has disappeared, they rest upon the sides or basis of the ventricles. An artificial injection, made in the spinal cavity, produces the same results.

This fluid also surrounds the origin of the lateral nerves. When an injection succeeds perfectly, it distends the small pouch which the arachnoid forms round the roots of the nerves, and which continues sometimes beyond the spinal ganglions. This *kind of bath*, formed by the cerebro-spinal fluid round the origin of the nerves, is much more remarkable round the fifth pair than round the others: there it is contained in a cavity formed by the arachnoid, and situated in the temporal fossa around the nerve. M. Magendie conjectures that a similar pouch (also formed by the arachnoid) accompanies the auditory nerve, and that the fluid it contains is confounded with the lymph of Cotugnius; but he does not possess facts sufficient to confirm this opinion.

In order to discover and procure the cerebro-spinal fluid, the dura mater must be laid bare, at the posterior cervical region, in a young living animal. This membrane appears stretched, and separated from the spinal marrow by the fluid which escapes as soon as the membrane is punctured; if it is then collected, it appears rather turbid, and has a faint smell and taste of animal matter. As soon as the fluid has flowed out, the animal evinces a degree of stupor; he staggers, or seems likely to fall; the hinder limbs do not support his weight so well as usual.

M. Magendie at first thought that these symptoms proceeded from the loss of the liquid; but it appears, by the observations of M. Pinel Grandchamps, that the exposure of the spinal cord to the air, and the impression thus made upon the cerebellum, is the cause. If warm water be thrown into the canal, it does not lessen the above symptoms; on the contrary, death ensues. Whatever be the cause of this, however, the free communication of the ventricular cavities with that of the spinal marrow, explains why we occasionally find blood in the inferior part of the vertebral canal, after a cerebral apoplexy. In other cases, the blood mounts from below upwards, that is, from the spinal canal to the ventricles: this naturally takes place during exertion, and the liquid returns to the lower part, when relaxation takes place. To demonstrate this, M. Magendie removed about an inch of the occipital bone of a young lamb, towards the upper part of the cervical region; thus exposing one of the lateral ventricles, the upper part of which he removed, to expose to sight the interior of its cavity. When he pressed the abdomen of the animal, the cerebro-spinal fluid rose, and appeared in the cavity of the ventricle, lightly tinged in colour by the blood from the wound; but it descended again, as soon as the pressure upon the abdomen was removed. The same thing happened whenever the animal made any spontaneous effort.

Lecture Twelfth.

UPON THE FUNCTIONS OF THE
SPINAL NERVES.

It is a fact which surpasses our comprehension, but which nevertheless is perfectly true, that both motion and sensation may exist separately. M. Magendie related the case of a man who lived lately at Rennes, who had lost his sensibility entirely, with the exception of that of the skin covering one side of the nose*. This unhappy gentleman, blind, deaf, dumb, and deprived both of taste and smell, had no communication whatever with the rest of the world, but by this little corner of the skin which retained its sensibility,

and upon which the words which it was desired to make him understand, were traced: he replied by signs; and to this all his correspondence with his fellow men was reduced. In this person (whose body was not examined) it is probable that the posterior roots of the spinal nerves had lost all power of communicating with the spinal marrow, excepting a portion of the posterior root of the fifth pair. A good many cases somewhat similar to this are on record; however, the paralysis of sensibility is much less common than that of motion. It may be demonstrated by experiments upon living animals that motion results from the integrity of the anterior roots of the nerves, and sensibility from the posterior roots. The motion of one side and the sensibility of the other may also be destroyed by cutting the anterior roots of the one and the posterior of the other: these operations are, however, long and difficult, on account of the necessity of opening the vertebral canal, and the hæmorrhage which conceals the marrow, and the origin of the nerves, as also from the tenuity of the nervous roots, and the difficulty of reaching the one set without injuring the others. In order to perform these experiments, young animals should be chosen, otherwise the small arteries give rise to a hæmorrhage which conceals the origin of the nerves.

Before performing these experiments, M. Magendie referred to the opinion of Berlinghieri, according to whom the anterior roots perform the motion of extension; and the posterior roots, that of flexion: this opinion appeared to M. Magendie to result from an error, arising from the denudation of the spinal marrow being always succeeded by an incomplete paralysis in the motions of the corresponding side. M. Magendie also remarked, what he asserted to be a mistake on the part of Mr. C. Bell, who affirms that the fifth pair presides entirely over the sensibility of the face, and the seventh pair solely over the movements of the same part. This, according to M. Magendie, is only correct where applied to certain animals, such as the ass and horse, and probably some of the inferior mammalia, upon which Mr. Bell made his experiments, the seventh pair being insensible in those animals. But in the ape and dog he affirmed positively that the seventh pair is sensible; and in man it is well known, he observ-

* This case will be found in another part of the present No. recorded by Dr. Defermon.

ed, that neuralgia of this nerve is not an uncommon disease.

Experiment First.—A young, thin, and feeble rabbit was taken; and the hair being removed from the posterior part of the back, the skin was divided in the lower part of the loins, for about three inches along the median line; the lips of the wound were separated: the operator then, with a strong knife, removed as quickly as possible the bony plate, and the muscular fibres covering it: the assistants cleared away the blood as fast as possible, with sponges, wrung out of cold water: a pair of strong scissors completed the removal of the external plate of bone, and the posterior portion of the spinal marrow was denuded: the hæmorrhage gradually and almost entirely ceased: the animal was left at liberty for a few instants: the hinder limbs were much enfeebled, and almost entirely insensible. The posterior roots of the nerves were then cut, one by one, on both sides, with a pair of fine scissors, outside the coverings of the spinal marrow. M. Magendie declared at the time, that he believed he had cut one of the anterior roots, during a sudden movement of the animal. The animal was placed upon the table, but its weakness, and the paralysing effects of the denudation of the spinal marrow, did not permit the effects of the division of the posterior roots to be quickly appreciated. Nevertheless, the two paws seemed to be more insensible than before; they were pressed between the blades of a pair of scissors, so as nearly to cut them, without any expression of pain from the animal. In order to shew that motion was only weakened by the exposure of the spinal cord, and not destroyed by the section of the posterior roots, M. Magendie opened the trachea of the animal, and injected a few drops of the tincture of nux vomica. The fore-paws, and the muscles of the neck, which were not affected by the exposure of the spine, successively became relaxed and contracted; and then the same thing occurred to the hind limbs and paws: the tetanic movements were more feeble on the right side, however, in consequence of one of the anterior roots having been cut.

Experiment Second.—The subject of this experiment was a cat about six months old. M. Magendie observed,

that the animal was too old, and that therefore the operation would be long and difficult: it was his intention to cause paralysis on one side, and to destroy sensation on the other. After the ordinary precautions, (that is, cutting off the claws, and covering up the head in a towel, which is fixed round the neck by a rope) two assistants held the fore and hind paws firmly. The incision of the skin was made from about the middle of the back to the lower part of the sacrum: the edges being separated, the muscles and bony plate were removed from the posterior third of the vertebral column by means of a strong knife; the hæmorrhage was more violent than in the preceding case, but was arrested in the same manner. The division of the vertebræ was continued with the knife, and after much pains and perseverance the denudation of the spinal marrow was completed; first cutting with a pair of strong scissors the vertebral plate on one side, and then on the other, so that it became necessary to turn the animal from side to side very often: the stream of arterial blood was at length restrained, after repeated washing. M. Magendie then took a pair of fine forceps and scissors; the first in order to raise the dura mater. In the cat there does not exist two passages, one for the anterior and the other for the posterior roots; and therefore to see these roots, it is necessary to divide the dura mater. This operation being performed, two bundles of the posterior roots were distinctly seen on the right side: at the moment they were divided, the animal shewed an acute sense of suffering: a third and fourth root were then found, and cut with the same results. The right paw moved very freely, but when pressed between a pair of scissors, the animal gave no sign of pain; the left paw on the contrary was very sensible: the animal cried, and was greatly agitated whenever it was touched. After this examination the animal was again held by the assistants: the wound in the vertebræ was then enlarged on the left side, so that the anterior roots might be brought into view, and cut with greater facility: the dura mater was next raised, and divided from without inwards, and from the left to the right side of the animal; two bundles were discovered, and divided without any expression of pain from the animal. To make

this division (the most difficult part of the operation) M. Magendie was obliged to pass his scissors into the groove which separates the two roots; and he was obliged to take the greatest care in order to avoid wounding the posterior roots. A third and fourth anterior root were afterwards cut. A fresh division of the *vertebræ* laid two other large branches bare, which were also divided, and this finished the operation. The left paw was now entirely deprived of motion, and its sensibility was very obtuse, which induced M. Magendie to believe that he had unintentionally divided some of the posterior roots as well as the anterior. The right paw moved very freely, and was not dragged along like the other, but it was completely insensible. M. Magendie thought that the diminished sensibility of the left paw might perhaps arise from the long exposure of the spinal marrow to the air during the operation; in fact, this proved to be the case, for having reunited the edges of the wound with a few points of suture, the left paw, though remaining immoveable, recovered its sensibility: the animal cried, turned round, and attempted to bite when pinched. It moved the right paw, which was insensible, and walked with three legs only. This experiment was repeated at the commencement of the 13th lecture, and the results were the same.

VACCINATION.

NO. III.

To the Editor of the London Medical Gazette.

SIR,

ONE of the most popular explanations of the occurrence of small-pox subsequent to vaccination, is that which attributes it to deterioration of the virus—the natural result of its passing through the bodies of so many individuals; and the obvious remedy for the evil, therefore, is more frequent recourse to the cow. This doctrine has been repeated over and over again, until, by mere habit, it has come into general notice, making its impression on the public mind, *non vi, sed sæpe cadendo*. It is time that the truth or falsehood of this

statement should be ascertained; and it was originally my intention to have made this the first subject of inquiry in the present communication, but the appearance in your columns of a letter signed M.D. obliges me to clear the ground by a few preliminary remarks.

I cannot bring myself to believe that that letter expresses the general opinions of the profession on the subject which it undertakes to discuss; but the notice which you have thought proper to take of it, has given it an importance to which *per se* it is scarcely entitled. The writer is pleased to say, that my single remark on the theory of spurious cow-pox (occupying exactly three lines of your small columns), exhibits a *strain of sentiment* calculated to do much mischief; and he inquires, with great formality, whether I believe in an imperfect cow-pox, when the self-same letter (No. I.) concludes with an expression of my intention to inquire into the probable sources of *imperfection in the vaccine process*.

The remaining questions which the writer of that letter has put, shew that he has only thought very superficially on the subject which he discusses; for he mixes up many doubtful, and some quite inaccurate statements, with others that are clear and undeniable. I shall take the liberty of offering a few comments on these questions, the more willingly, as the discussions to which they will lead fall in with some which the undisturbed course of my argument would have naturally suggested.

I cannot avoid entertaining the suspicion that your correspondent, M.D., has never *hunted* sufficiently through the older writers to know what they meant by spurious cow-pox; for he talks of it as not affording the *full* amount of protection. Dr. Jenner defined that to be a spurious cow-pox “which is incapable of producing any specific change in the constitution, but which leaves it as susceptible of the small-pox as any other common cutaneous disorder.” The original notions on this subject were, that there are three diseases of the cow’s udder and of the horse’s hoof, which have been indiscriminately termed cow-pox; but that only one of these three is the real preventive of small-pox. The other two were called *spurious* cow-pox; but it was confidently maintained that these

two spurious disorders were capable of being continued by successive inoculations,—frequently shewed an *exact similarity* in many of their appearances to the true species,—and that it required the discrimination of the exercised practitioner to distinguish the one from the other*.” This was the original doctrine of a spurious cow-pox; and I repeat what I said before, that such an idea no longer disturbs our minds; and that the doctrine, as thus announced, was, I firmly believe, a mere phantom. It will be observed, that the term *spurious*, as originally applied to cow-pox, had reference to the *primary* source of the pock, which was bad. I am well aware that the phrase was at one period employed (even by Dr. Jenner himself) to express the altered condition of a *genuine* cow-pox; but the term *degenerated* cow-pox was afterwards substituted, which, in the lapse of time, gave way to those which are now in common use, viz. *irregular* or *imperfect* cow-pox, which are always understood to mean modifications of a pock *originally perfect*. This important distinction between a pock originally bad, and one rendered imperfect by accidental circumstances, though obviously known to your correspondent, is not clearly stated by him.

In his desultory mode of treating the subject, he next adverts to two points in the doctrine of vaccination, which he takes for granted as being true, though they are certainly open to much doubt, and, as far as my present experience goes, are actually contrary to the fact. These are, first, the question whether genuine cow-pox can ever pass through a system so as to excite a local affection, but to afford no constitutional security whatever; and, secondly, whether such an irregular or *imperfect* pock is capable of being perpetuated by inoculation, so as not to afford the due measure of security against the small-pox. Your correspondent evidently means to decide both questions in the affirmative, though the obscurity attaching to his use of the term *spurious* gives him a loop-hole at which he will perhaps desire to escape. On the first of these questions I offered an opinion in my last letter. My belief is, that how-

ever imperfect the pock may be, provided some areola be formed, a certain portion of protective influence is imparted to the constitution, though that be slight, and probably temporary. This, however, is a point still open to discussion. Dr. Jenner held, at one time, (I do not know if he continued to maintain the doctrine) that virus taken from a true vesicle at a very late period, produced an imperfect disease; and your correspondent probably alludes to this when he asks, “whether it be of moment that the virus be employed in its active or efficient condition?” The facts are, I believe, these: after the tenth and eleventh days, the virus becomes so *diluted*, that it is extremely difficult to reproduce the disease by it. Out of a dozen incisions made with such lymph, not more than one or two will prove effective; but that one is just as good, and just as effectual in preserving against the small-pox, as lymph of the seventh or eighth days. The unanswerable argument in favour of this position is, that the *scabs* of cow-pox, moistened with a little lukewarm water, will produce the disease in all its purity; but out of twenty or thirty incisions made with such a virus, not more than *one* will be found to take effect.

Again, your correspondent asks, with a sort of triumph, “have I forgotten that an irregular or imperfect pock, when excited, is capable of being *perpetuated* by inoculation?” If he means to speak of an imperfect pock, the offspring of a *perfect* one, my reply is, that I have not forgotten it, because I never knew it. In fact, I know that the direct reverse is true; and that, as the modified small-pox will produce in the unprotected the true (perhaps confluent) small-pox, so will cow-pox, degenerated by some peculiarity in the habit of an individual, reappear when transplanted into a healthy, well predisposed subject, in all its original purity and perfection. I have proved this in numerous cases at the Small-Pox Hospital, and it is an important practical fact, of which, if your correspondent should doubt, he may, at any time, with perfect safety to the individual, convince himself by actual experiment.

And this brings me, at length, to the question of recurrence to the cow, the point from which I diverged in

* See “Address to the Public,” by H. W. Jenner, 1799. Pages 9, 12, and 13.

pursuit of your correspondent M.D.* It is insinuated by many, that we should recur for fresh supplies of lymph to the cow, because the virus necessarily degenerates by passing successively through so many human bodies. I deny this assumption *in toto*. So far from seeing any evidence of degeneration, I am sure that the lymph with which I vaccinated many children on Monday last, was as perfect as the best lymph of 1799. The elevation and pearl-like colour of the vesicles on the ninth day, the extent and circular shape of the areola, the regularity in the stages of the disease, and the colour and form of the resulting scab observable in the cow-pox of the present day, are such as leave nothing to desire. I have already expressed my firm conviction, that by the careful selection of healthy and well predisposed children, the pock may be restored from an imperfect to a perfect state; and it naturally follows, that by a similar care, it may be kept up for any length of time in that desirable condition. But a question of great practical moment meets us here. What is the proportion actually found to exist, in practice, between the perfect and imperfect pocks? for this naturally leads to the inquiry, what is the minimum of subjects on whom you can operate, so as to ensure at all times lymph in a state of perfect activity? I have no experience of the fact; but from all I have heard and read, I cannot doubt that if three or four children are *successively* vaccinated from each other, *all* of whom are, from various causes, ill-disposed to take the disease, the matter degenerates, and at length wears out altogether. A good illustration of this doctrine may be found in a letter from Mr. Fergusson, on the state of cow-pox at Sierra Leone, published in a recent number of the London Medical and Physical Journal (March 1828, p. 195). I have heard it calculated, that even supposing the subjects to be well selected, one out of every five vaccinations fails the first time; but as the constitutional disposition to receive the cow-pox kindly can never be predicted with perfect precision, it follows, that in order to secure a permanent supply of ge-

nuine efficient cow-pox, two or three children at least must be vaccinated at the same time; and when we further take into account the certainty of occasional failure in the operation, the chance of the child's being attacked by some other disease, the great probability of inattention or obstinacy on the part of some parents, it may safely be concluded, that to ensure a steady supply of recent and perfect lymph all the year round, 500 children at the least must be vaccinated annually. This I am inclined to consider as the minimum of vaccinations at which any establishment can secure its own supply of perfect fresh lymph at all times.

But to return to the consideration of that popular question—how far it is proper, and even necessary, to have occasional recourse to the cow, and to allow the present sources of vaccine lymph to die out? To my mind many very powerful arguments suggest themselves against the adoption of such a measure. 1. It is by no means easy to find the true cow-pox even in a large dairy. I have been given to understand by those most conversant with the subject, that a twelvemonth often elapses without its being seen. 2. There must be always some doubt as to the purity or genuineness of the new stock, until the experiment of variolous inoculation has been subsequently made; which parents, who subject their children to vaccination, are very seldom disposed to allow. 3. The true vaccine lymph, as first taken from the cow, is frequently of a more acrid nature than that which has been assimilated to the human constitution by frequent successive inoculations, and consequently the first trials are likely to produce glandular swellings and other inconveniences, and thus occasion distrust rather than increased confidence. Fourthly, and lastly, it is not found that the cases of small-pox, after vaccination, are comparatively more frequent among persons recently vaccinated. It is true that we hear of such cases much more frequently than we did ten or twenty years ago; but common experience will bear me out in saying, that the occurrences of which I speak are principally met with among persons vaccinated from fourteen to four-and-twenty years ago. When we do meet with children under ten years of age affected by small-pox, subsequent to vaccination, the disease is, for the most part, very mild, scarcely d

* Permit me to add, that in an inquiry affecting so materially the interests of the public, it is very desirable to know on what authority any statements are made. I hope, therefore, I am not unreasonable in asking that your correspondent will avow himself, if he should have occasion again to address you.

serving a higher title than that of varicella.

These are the objections I have to offer against the proposal to revert frequently to the cow. It appears to me not only uncalled for by the circumstances of the times, but in some respects hazardous; nor am I convinced that it would tend, in any degree whatever, to diminish those unpleasant occurrences which are now bringing vaccination into some discredit. On the contrary, it appears to me that a very different train of measures must be resorted to, to meet the exigencies of the case. Instead of seeking for new and stronger lymph, that which we have must be diligently fostered and encouraged; and the supplies of it rendered as copious, as perfect, and as easily accessible as possible. These I believe to be the real and efficient remedies for the evil now so generally admitted; and it will be the object of my next (and concluding) communication to shew what these measures are, and how they may, most advantageously to the public, be carried into effect.

I have the honour to be, Sir,

Your very obedient servant,

GEORGE GREGORY.

8, Upper John Street, Golden Square,
April 28, 1823.

CHLORIDE OF SODA.

To the Editor of the London Medical Gazette.

SIR,

I KNOW not whether I can justly say that the profession has been lukewarm in applying to practice the preparations of chlorine; but it may be asserted, that few communications have been made on the subject. If the following trials with the chloride of soda are considered of sufficient importance to merit a place in your Gazette, they are at your service.

As I am not connected with any public institution, I cannot draw an inference from numerous cases, but I hope a detail of a few insulated ones may draw the attention of those attached to hospitals, &c.; and lead them to make more extensive use of remedies, which I consider may constitute an æra in the medical science of this period.

The first marked case in which I ap-

plied the chloride of soda, was in rather an unusual affection of the skin, in scarlatina. The patient was a young man, who informed me he had been subject for some years to a furfuraceous state of the skin in different parts of the body, which he denominated scurvy. At the acmé of the fever, this state of the cuticle naturally disposed it to a more than common irritation, which led within a few hours to excoriations of the scrotum, perineum, and inner parts of the thighs; the hams and flexures of the arms. There was at the same time an acrid exudation from all these situations, of a most offensive description.

As cold effusion is resorted to in scarlatina, I resolved to make an addition of the solution of chloride of soda, which I did in the proportion of $\mathfrak{z}\text{j}$. of chl. soda to Oiss of equal parts of water and rose water. With this lotion he bathed himself almost continually, and, to my surprise, the next day all offensive effluvia were removed, and the excoriated parts were nearly healed. On the third day nothing remained but a tenderness of the new cuticle. *Quere*: would not the foregoing lotion, in all severe cases of scarlatina, prove eminently useful, in lieu of vinegar and water, or cold water; and indeed in every fever accompanied by intense heat of skin? This case occurred in August last. About the same time I attended a child with extensive excoriation of the scrotum and inner parts of the thighs; which appeared to have been caused by a purulent discharge, from the prepuce of the child, (who had phymosis) exuding and irritating the parts, perhaps aggravated by an admixture of urine. In this case I applied a lotion, composed of $\text{f}\mathfrak{z}\text{vj}$. chl. sod. with $\text{f}\mathfrak{z}\text{v}$. aq. distillatæ, which produced an immediate good effect.

I ought to have mentioned, previous to the last, the effects of the chloride of soda, in a case of scarlatina anginosa. The patient was a delicate youth, about 13 years of age, who had in a great measure recovered from the fever, but was labouring under a most malignant sore throat: he was incapable of articulating or making himself understood; and his powers were evidently sinking from his inability to take sustenance of any description, and the total deprivation of rest. I sent him a gargle of $\text{f}\mathfrak{z}\text{j}$. of chloride of soda to $\text{f}\mathfrak{z}\text{vij}$. of dis-

tilled water. After a few applications, indeed in the course of an hour, he was able to express himself sufficiently to be understood, and rapidly recovered.

If you consider the foregoing cases sufficiently interesting to the profession, I shall be happy in having another opportunity of *detailing* cases where this remedy has been applied most successfully : suffice it for the present to state, that it has been so applied in a case of spaccelated tongue; in profuse ptyalism, with extensive ulceration; in a case of inflammation, and extreme pain from the bite of an insect; in offensive uterine discharge from a retention of the membranes, &c.; in chilblains; in recent contusions, with abrasion of skin; and in external hæmorrhoids.

I am, Sir, yours,

GEORGE FINCHAM.

3, Spring Gardens, April.

ARM PRESENTATIONS.

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To the Editors of the London Medical Gazette.

GENTLEMEN,

THE enclosed observations on the best method of accomplishing delivery in presentations of the superior extremities, where turning is unadvisable or impracticable, were published by me in the last number of the Edinburgh Journal; but as there were some misprints which materially interfered with the meaning, you would oblige me by inserting the corrected copy, which I send herewith, in the Medical Gazette, should you deem the paper of sufficient importance.

I remain,

Your obedient servant,

ROBERT LEE.

Upper John Street, April 25.

The operation of turning in presentations of the superior extremities, though occasionally performed prior to the close of the sixteenth century, was not until that period introduced into midwifery as a general rule of practice. This important improvement, after meeting with much unreasonable opposition, was at last, and without having undergone a rigorous examination, implicitly adopted, and extensively abused. From the writings of the different authors on midwifery of the seventeenth century it

appears that they considered the operation of turning as applicable to all cases without exception of arm presentations, and that, to accomplish this object, they had recourse to a degree of violence, which must have often produced fatal contusion, or laceration of the structures of the mother.

Though such unwarrantable force as that employed by La Motte and his contemporaries, in altering the position of the child, is now less frequently exerted by enlightened practitioners, yet there can be no doubt that an equal degree of violence is still occasionally used, and is even inculcated by some of the most distinguished teachers in Europe, as justifiable and necessary, where turning cannot be more easily effected*. In this country, at the present time, the opinion is very generally entertained, that we must change the position of the child, at whatever hazard, in all cases without exception, of arm presentations.

It is from a conviction that late writers on midwifery have not treated this subject with the degree of attention which its importance demands, and from having witnessed in several instances the fatal effects of injudicious attempts to turn the child in presentations of the superior extremities, that I have been led to a more careful examination of the circumstances which should influence our conduct in these cases, and of the best mode of accomplishing delivery where turning is unadvisable, or absolutely impracticable.

The chief object of turning, as appears to me, is the preservation of the life of the infant; and I must therefore say, that so serious an operation in regard to the mother is not justifiable, in cases where we have such positive proofs of the death of the foetus, as want of pulsation in the umbilical cord, or the presence of unequivocal signs of putrefaction in the body of the child. I am of opinion also, that the operation is not to be resorted to, where we are certain that the pelvis is so deformed as not to admit of the passage of a living child at the full period, or where other circumstances present in the case render it very improbable that the life of the infant could be preserved, even if it were turned.

When we have recourse to turning, under the most favourable circum-

* Douglas on Spontaneous Evolution of the Foetus.

stances, as when the membranes are unruptured, the active contractions of the uterus feeble, or altogether absent, and its mouth dilatable, the operation is not even then altogether free from danger to the mother. I have seen it followed by severe and even fatal abdominal inflammation, though performed in the most cautious and dexterous manner.

Turning, then, whatever may be asserted to the contrary by some practitioners, being always more or less hazardous to the mother, it follows that her life should never be put in jeopardy by its adoption, where the child is dead, or where we cannot entertain a well-grounded expectation of saving the child's life by the operation.

But its difficulty and danger are greatly increased in cases where the *liquor amnii* has been evacuated for many hours, where the arm presents, and the uterus is contracting forcibly around the body of the child. I would ask, if, under these circumstances, it be not highly probable that the child's life has been destroyed by the great and long-continued pressure of the uterus around its body? It cannot be denied, that, in a large proportion of such cases, where delivery is effected by turning, the children are still-born. In these cases, the danger resulting from not interfering, or from our interfering, if turning be the means we employ, is very great; as rupture of the uterus in either case may be the consequence. If this state of violent contraction has existed for several days, as sometimes happens before our attendance is requested, the shoulder and chest have become so deeply and firmly impacted in the pelvis, that it has been found impossible to raise or move the child from its situation, so as to pass up the hand into the uterus to lay hold of the feet. The works of the best writers on midwifery contain cases of this description; and Dr. Denman has admitted, that, prior to the discovery of the process of spontaneous evolution of the foetus, this impossibility of turning the child had, to the apprehension of writers and practitioners, left the woman without any hope of relief. The nature of this process is now perfectly understood. But I conceive that the interests of both mother and child, where the latter is ascertained to be alive, would be best consulted, by determining to place no reliance on a resource which nature so

rarely exerts, and which, when exerted, can only produce the expulsion of a still-born child.

Blood-letting and opium, it must be admitted, have considerable effect in controlling inordinate uterine contraction, and thus they facilitate the process of turning. But these means, even when largely employed, too often fail in producing that quiescent state of the uterus which will enable us to effect our purpose with safety to the mother.

In some cases which I have witnessed, notwithstanding the employment of these remedies, I have found it impossible to pass up the hand beyond the presenting part into the uterus without exerting a degree of injurious violence.

Wherever, therefore, the valuable life of the mother is in danger, and no good can result from the operation of turning, so far as the child is concerned, I propose to do by art that which is effected by nature, in cases of spontaneous evolution of the foetus. I separate the arm from the body, perforate the thorax, and having fixed the crotchet on the pelvis or lower part of the spine, make such a degree of traction as may effect the delivery, without laceration or contusion of the soft parts of the mother.

In the following cases the above method was adopted with perfect success:—

On the 15th October, 1824, I was called to visit a patient of the Westminster General Dispensary, residing in Great St. Andrew Street. I found her in the following condition. The membranes had been ruptured fourteen hours, and the *liquor amnii* had entirely escaped. The right arm, much swollen and livid, was protruding out of the external parts, and the shoulder and a part of the thorax were firmly impacted in the pelvis, while the contractions of the uterus were violent and incessant. The pulse was quick, the face flushed, and the soft parts lining the pelvis were hot, dry, and very tender. Thirty ounces of blood were drawn from the arm, and sixty drops of laudanum administered, before any attempt was made to alter the position of the child. After waiting for half an hour, when the pains had somewhat diminished in violence, I attempted slowly to pass up my hand, but the pains were immediately renewed with redoubled force; and after persevering for upwards of half an hour, I was com-

pelled to abandon the intention. Another practitioner then saw her, when other twenty ounces of blood were drawn from the arm, and forty drops of laudanum were administered. He waited some time, in the hope that the actions of the uterus would cease; but this not taking place, he proceeded to endeavour to pass up his hand into the womb. This attempt again excited the most violent bearing down pains; and after long and fruitless exertions, he also was compelled to desist, from the threatened danger of rupture of the uterus.

Two hours having elapsed after this second attempt to turn, and the pains still continuing undiminished, I separated the arm from the body at the shoulder-joint, laid open the thorax by means of the crotchet, and, passing it through the opening thus made, fixed it on the lower part of the spine; and on dragging down with a steady force, the child passed out of the external parts doubled. Though there was great distention of the parts at the outlet of the pelvis, no laceration of these took place.

The superior aperture of the pelvis having been considerably under the ordinary dimensions, some resistance was offered to the passage of the head; but this was overcome without much difficulty. This patient speedily recovered, and has since been delivered by me of an eight-months child, where the breech presented, and where the life of the child was lost, from the time and force required to bring the head through the confined brim of the pelvis.

On the 1st May, 1827, I was requested to visit Mrs. Kagen, Charles's Street, Drury Lane, also a patient of the Westminster General Dispensary. She had been two days and nights in labour, and was extremely exhausted with fatigue. The left arm much swollen was presenting, and around it a loop of the umbilical cord, which did not pulsate. There was great thirst and restlessness, and the abdomen was tense, and very painful on pressure. The pulse was extremely quick. The uterus was contracting with great force, and I found it quite impracticable to pass up the hand, or to push back the presenting part, so firmly was it impacted in the pelvis. Sixteen ounces of blood were drawn from the arm, and an opiate administered at 4 A.M. At 7 o'clock the pains had almost ceased, but were instantly renewed on

attempting to turn. The child being dead, I did not persevere long in my efforts to turn, but delivered without much difficulty in the manner already described. Here also there was contraction of the brim of the pelvis, of which a lamentable proof existed in a fistulous opening between the bladder and vagina, reported to have been caused some years before by a protracted labour, which was terminated by the use of the forceps.

On the 14th May, 1827, I was called to a patient of the same institution, in King Street, Drury Lane. The left arm presented, and the shoulder and thorax were forced deeply into the pelvis. The umbilical cord was hanging without the external parts, and did not pulsate. The contractions of the uterus were strong, and were much increased on attempting to introduce the hand. The delivery was accomplished with the utmost ease, and in a very short time, as already described. The extraction of the child was effected very slowly, to allow of the dilatation of the internal parts, and to prevent laceration of the perinæum. On the second day after delivery, this patient experienced a slight attack of abdominal inflammation, which readily yielded to one copious bleeding and cathartics.

In another case which has since occurred to me, and which, in all essential circumstances, resembled the three cases now detailed, the same method of accomplishing delivery was adopted, and with similar success.

I do not consider it necessary to attempt to define more clearly the cases to which the above practice ought to be applied, as it is hardly possible for any one, after the observations I have made, to misunderstand the object of this communication, or to suppose that the common operation of turning should be abandoned where there is a reasonable hope of saving the child's life, and that of the mother.

The method of effecting delivery above related, I was led to adopt, from reflecting on what takes place in cases of spontaneous evolution of the foetus; and it may be perceived, that in all the foregoing instances nature had begun, and was striving, though ineffectually, to complete this process.

Since the occurrence of these cases, I have had an opportunity of perusing

the essay of Dr. Douglas on this subject, and have been gratified to find that he has recommended the same mode of treatment, and has been also forcibly impressed with the impropriety of turning in all cases of arm presentations. Dr. Sims, in the 40th volume of the Medical and Physical Journal, stated similar views, but did not lay down any specific rule of practice in such embarrassing cases.

Dr. Davis, in his Elements of Operative Midwifery, p. 326, concludes some observations on this subject with the following words:—"If, therefore, we suppose the child to be already dead, or the circumstances of the labour to be such as to make it impracticable to bring it into the world alive by means of turning, or even to perform that important operation at all without exposing the mother to extreme danger, it would then, in my opinion, become the unquestionable duty of the practitioner to effect the delivery by embryotomy."

Instead of extracting the child double, he recommends "that it should be divided into two principal parts, head and body, by passing a properly adapted cutting instrument across, and through the entire structure of the neck;" and he has delineated in his valuable work instruments for this purpose.

Notwithstanding, however, his ingenious invention of the Craniotomy forceps, and of the power which they confer upon us of extracting the head, or any other part of the child, from the uterus, still I should be disposed to avoid, if possible, the occurrence of the head remaining in the cavity of the uterus after the extraction of the body, as it must be extremely difficult to fix it afterwards for perforation, and quite impossible to accommodate it to the diameters of the pelvis in passing.

The difficulty of reaching the neck when the shoulder and thorax are thrust deep into the pelvis, and the head of the child is tilted up over its brim, appeared to me in the preceding cases so great as to be almost insuperable, setting aside the disagreeable process of passing up cutting instruments so high within the uterus.

TO DR. BLUNDELL.

SIR,

IN this scrutinizing age, when every body seems more busy about his neighbour's affairs than his own, it has occurred to me that I may perform a useful duty to the public and to you, in endeavouring to shew you the light in which you stand.

The LANCET from its first appearance has depended for its existence on the matter which it procured, either by theft or connivance, from the lecturers of this metropolis. Having thus gained the public ear, it made the basest use of the advantage, by circulating the vilest calumnies and the most atrocious attacks on character that ever disgraced the press. The evil is felt to be so oppressive, that all respectable men have at length determined to meet it with firmness and decision. There is scarcely a lecturer save yourself, who would now suffer his experience to be taken from him and published for the purpose of giving support to such a system of literary plunder. And yet, Sir, you are not only allowing your name to be made a vehicle for slanderous your colleagues, and outraging the feelings of good men, but, if report be true, you even encourage the publication of your lectures in the Lancet!

What excuse could you, with common decency, make to Mr. Travers, Mr. Brodie, Mr. Green, Mr. Stanley, Mr. Bransby Cooper, or any of the others who have been calumniated, if they condescended to ask you why you were thus joining with their enemy? Can you for an instant imagine that you are not aiding and abetting the Lancet, when you are throwing the weight of whatever reputation you may possess into that publication? Are you not giving extent to the circulation of calumnies against these gentlemen, by contributing to, and thus enlarging, the sale of the work which contains them?

At the very moment that your colleagues have publicly expressed their detestation of the Lancet by expelling from the walls of *your* hospital one of the contributors to that work—you, Sir, a lecturer,—an associate,—perhaps calling

yourself the friend of these very men, are what? why *you* are likewise a contributor, and have in that capacity levelled yourself with Wakley or Lambert.

I will not believe it is the love of "the filthy lucre" which has induced you to fill the columns of the work in question. I cannot believe that you, like the arch traitor of old, would betray your friend for the forty pieces of silver. Should the mean ambition of popularity haunt you, in the name of common sense and common feeling, look to the course you have taken. Is it by assisting libellers and calumniators that you hope to merit the good opinion of your cotemporaries, or do you imagine that the hearts and houses of those will be opened to you who have to thank you, and others like you, for increasing the circulation of calumnious attacks on their characters? I repeat, that had it not been for the connivance of lecturers, the venom of the *Lancet*, like the venom of the dead snake, would have rotted in the filth of its own putrid carcase. But you have given it motion and power, and may one day rue its effects.

For shame, Sir! for shame! For the sake of a despicable popularity are you not playing the game of the cunning man? and have you yet to learn that cunning is the wisdom of fools? Has it availed those who have already run this career? Have *they* gained celebrity as professional men, or invited sympathy as friends? The end of all shuffling policy is to separate these cunning ones from society at large, and to create divisions among themselves.

Perhaps you will make indifference as to the publication of your lectures the plea. Were you really indifferent, I might answer that in many cases indifference is a crime, and that not to be a friend is to be a foe. If my house were fired by an incendiary, common humanity would require you to aid in extinguishing the flames; and if my life were attacked by an assassin, no honest man would refuse to prevent the deed. But you, Sir, are not indifferent in the above sense, but have thrown oil on the flame, and have given force to the blow of the murderer.

Retract, Sir, the mischief you have done, by stopping the further publication of your lectures. You know that four and twenty hours are sufficient

to procure an injunction*. Should you fail to do so, remember you have invited attacks, by strengthening the hands of the enemy; and that in self-defence, all who have been injured must aim their shafts, not at those who have nothing to lose, but at those who, having reputation and character, have forgotten the duties they owe to themselves and to their neighbours so far, as to aid this disgraceful publication.

It is a painful task to expose the weaknesses of any man, and no one would take upon him the office unless by necessity; but however painful, it is not a difficult task, believe me, to find abundant materials in the *late numbers* of the *Lancet* for the pen of the satirist.

SCRUTATOR.

ANALYSES & NOTICES OF BOOKS.

"L'Auteur se tue à alonger ce que le lecteur se tue à abrégér."—D'ALEMBERT.

Transactions of the Association of Fellows and Licentiates of the King and Queen's College of Physicians in Ireland. Vol. V.

[Continued from page 637.]

On Peripneumonia, by Dr. Cuming.

THE next communication which we have to notice is a paper on the peripneumonia of children, by Dr. Cuming. This complaint does not appear to have hitherto attracted all the attention which its importance demands; the only authors who have at all touched upon its investigation are, Hastings, in his treatise on inflammation of the mucous membrane of the lungs; and Cheyne, in his pathology of the mucous membrane of the larynx and trachea: the latter styles the disease in question the epidemic peripneumony of children; but both these able physicians would seem to have taken a superficial or partial view of the pathology of the complaint. They report the morbid appearances to be chiefly confined to the mu-

* There is an implied contract between the Pupil and the Lecturer, that the former shall not publish for his profit what he is permitted to hear only for his instruction. This is Lord Eldon's statement of the law.

cous membrane of the bronchia, whereas, in every case witnessed by Dr. Cuming, the parenchymatous as well as the mucous tissues, particularly the former, have been the seat of inflammatory action. Under these circumstances, however, we think it may reasonably be questioned whether Dr. C. be not confounding two very distinct diseases, namely bronchitis and pneumonia, under one title. But we shall not delay our analysis in discussing the propriety of mere names. This peripneumonia occurs in children of all ages, from a few days old up to eight or nine years. The most frequent subjects of its attack, however, are children between nine months and two years. In general a trifling cough, with other slight symptoms of catarrh, precedes by a day or two the complete formation of the disease. When fully formed, the symptoms are a hurried, laborious, wheezing respiration; a frequent, short, and dry cough; and a greater or less degree of fever, with extreme restlessness, moaning, and aversion to be moved. In bad cases, the wheezing is converted into rattling; and in the course of eight or ten days from the commencement of the attack, death generally takes place by suffocation. The frequency of the respiration is stated to have amounted, in some instances, to upward of a hundred in a minute. No disease of childhood seems to be attended with a higher degree of fever than peripneumonia. Intense heat of skin, dryness of the lips and nostrils, loaded white tongue, excessive thirst, and a pulse of from 168 to 200, have been frequently observed, in addition to restlessness and jactitation, with moaning, and starting out of sleep. Though the stomach is occasionally irritable at the beginning of the complaint, it is remarkable with what difficulty vomiting is excited towards the close. So great is the insensibility of the stomach a short time before the fatal termination, that the strongest emetics, and in the largest quantities, have been repeatedly administered without effect. The same insensibility seems to extend itself to other parts, particularly to the skin, where we often fail in exciting inflammation by the application of a blister. With regard to the duration of the disease, when an unfavourable event takes place, it is generally upon the eighth or tenth day; when the case terminates in recovery, it is seldom pro-

tracted beyond a week. Peripneumonia is more prevalent in winter and spring, than at any other season. The morbid appearance most frequently met with is an increase in the solidity of the lung, varying in degree, from that of the slightest sanguineous congestion up to complete hepatization. This increase of solidity or induration is not equally great in every part of the lung. The inferior and posterior part is in general the region affected; and it often happens that while the upper portion is in a healthy state, or merely a little more congested than natural, the inferior portion is completely hepatized. It would appear as if the morbid process, commencing in the lower part of the lung, had completed its course there, before the superior portion had advanced beyond the stage of sanguineous congestion. But although this indurated condition of the lung be the principal morbid appearance, constantly observed, yet along with this, in almost every case, is combined more or less of inflammation of the mucous membrane of the bronchia; and there is this remarkable peculiarity in the pathology of the complaint, that the more intense the latter inflammation is, and the more considerable the consequent effusion into the bronchia, the less in general is the induration of the lung, and *vice versa*. With respect to treatment,—in order to arrest the inflammatory process before it has gone the length of effusion, the most powerful remedy is blood-letting. “It is as great a mistake,” says Dr. Cuming, “to suppose that children do not bear bleeding well, as that they are not liable to diseases which require it. Where no peculiar delicacy of constitution was manifest, I have found children to bear blood-letting as well as adults; and I can speak from pretty extensive experience when I say, that there is no disease which more imperatively demands the employment of the lancet than the pulmonary affection in question. And the earlier it is employed, the less occasion in general will there be for its repetition. The quantity of blood to be withdrawn must depend upon the age and constitution of the patient, the violence of the disease, and the impression that may have been made by the previous treatment on the symptoms. From two to three ounces in an infant between six and twenty months, will be sufficient.

In an infant under six months, though general blood-letting be required, the application of three or four leeches to the back of the hand or foot will for the most part answer the purpose, where a vein, which is frequently the case, cannot be found. Dr. C. is of opinion that leeches applied to the extremities are nearly as efficacious in removing local inflammation in infants, as when applied in the vicinity of the part affected. They seem to produce the effect of a general blood-letting, and syncope not unfrequently takes place. Sometimes a state of nervous agitation and general commotion is induced, which if not speedily removed, may terminate in death. The best remedies in cases of this kind are the horizontal position, cool air, and a drop or two of the tincture of opium. It is in the first stage of the disease, or that which elapses previous to the occurrence of much effusion or collapse, that benefit is to be principally expected from purgatives, and a combination of calomel and julap is to be preferred. To a child between six and twenty months we may give a grain of calomel, with four or five of julap, and one of ginger for a dose; and the action of the bowels may be advantageously kept up by administering a grain of ipecacuan, with one of calomel every second, third, or fourth hour, according to circumstances. Antimonial emetics too, are employed with great benefit, and the application of blisters may be practised with the best effects. Much caution, however, is necessary in the management of them: we should not allow a blister to remain on for more than three or four hours. When it is applied for a longer period, excessive general irritation is apt to be induced; and such is the delicacy of the infant skin, that the blistered parts not unfrequently become gangrenous. In cases of this kind, the death of the child has been sometimes the consequence. Though vesications may not have formed at the time the blister is removed, they generally take place after the application of the dressing. In infants of an irritable habit it will sometimes be advisable to dilute the blistering plaister with an equal quantity of the emplastrum ceræ. When in an advanced stage of the complaint the debility is considerable, and suffocation appears to be impending, our principal reliance is to be placed on the exhibition of stimulants. Car-

bonate of ammonia, in three or four grain doses, every third or fourth hour, is recommended; and the best vehicle in which it can be administered is the decoction of seneka. Dr. Cuming has given a judicious and satisfactory appendix of ten illustrative cases.

On open Foramen Ovale, by Dr. Crampton.

Although we cannot adopt the opinion of Portal, who thought he had reason to conclude, that cases in which the Foramen ovale is open, are quite as numerous, and occur as frequently, as those in which it is shut, yet it cannot be doubted that instances of this deviation of nature are far from being rare.

Dr. Crampton gives an account of two or three which occurred in his own practice. The first of these was James Spellman, aged 18, admitted into the Hardwicke hospital as a fever patient, on the 6th of February, 1827. The thoracic viscera appeared to suffer from inflammation; he had a severe cough, complained of pain in different parts of his chest, chiefly at the left side, expectorated blood, and was distressed in his breathing. These symptoms, however, gave way to the usual remedies, and about the 14th he was pronounced convalescent. But his interval of remission was short. He presently after, from premature exposure to cold, exhibited every symptom of acute rheumatism, with which all his joints were occupied, being excessively tumid, painful, and accompanied with a high degree of fever. In a few days the rheumatism became metastatic, the pectoral organs being again attacked, more especially the heart, in the region of which he appeared to suffer extremely. On the 27th Feb. the symptoms were, pain in the region of the heart, severe cough, with a croupy sound, much mucopurulent expectoration, and great distress in his breathing. At this time he stated that he had for years been occasionally subject to pain in the left side, but particularly after running, or any active exertion; his pulse extremely rapid, sometimes irregular, countenance pale, feet oedematous. The stethoscope indicated acute bronchitis, with hypertrophy, and disordered action in the heart, the motions of that organ being tumultuous and irregular. On the sixth of March he expired. The indications of the ste-

thoscope were borne out by the dissection; but the circumstance which attracted most attention in examining the heart was the open condition of the foramen ovale. The septum between the auricles exhibited an oval depression, or attenuated space, of about one-third of an inch in diameter, guarded only by a thin membrane; but at one side it was evidently pervious and open, with a rounded and thickened edge. This membrane acted like a curtain or valve; when viewed or pressed from the left auricle, it was closed, the curtain or membrane pressing close, and overlapping the opening; viewed from the right auricular cavity, or touched with a probe, it opened, and allowed a free passage, fully as large as a goose quill, compressed so as to exhibit an elongated or oval section. The blow-pipe exhibited the same difference of a closed or open space, as it was used from the left or right side of the auricular septum. The commencement of the aorta appeared unusually narrow—that of the pulmonary artery greatly enlarged. The auricles were in a state of considerable dilatation; and the ventricles quite filled with a dense white coagulum, firmly attached to their parietes.

It is easy to understand what tumult and distress must have been felt in the heart and respiratory organs. In the history of his state of health antecedent to his feverish and inflammatory attack, he dwelt on the pain in his left side, and on the distress he experienced in his breathing on making any active exertion. An additional source of trouble must have arisen from the contracted state of the commencement of the aorta. But still it appears that such a condition of the heart is not incompatible with the continuance of life for eighteen years; and that were it not for over-exertion, mental emotion, or some sudden attack of disease, it might have continued for a longer period. From this and another case, Dr. Crampton ventures to suggest that this uncommon disposition of the heart may tend to a useful purpose, in preventing a still greater degree of aberration from the healthy state. The additional passage *to the left heart*, by diminishing congestion in the lungs of a person predisposed to consumption, might have averted the usual catastrophe; or by affording an easier return to the venous blood from the head, might have prevented an

apoplectic seizure, or a paralytic attack in a patient otherwise liable to such an occurrence. In many instances, nature thus, by unusual and anomalous arrangements, provides against still greater evils; and what at first sight might appear to be an imperfection, is in fact a most ingenious contrivance to remedy an error of more importance. The foramen ovale was found unclosed in another patient, aged 34, who died in the Whitworth hospital, in April 1827. The symptoms on admission were, excessive dyspnoea, or rather orthopnoea, violent palpitations, tremulous motion of the jugulars, face pale and dingy, lips and nails of a dark leaden colour, ancles œdematous. In the heart, as in Spellman's case, the valve was found to overlap and protect the aperture, so that no blood was likely to pass, unless the contracting power of one side of the heart prevailed over that of the other. There was no appearance of any such preponderance under ordinary circumstances, for *the heart was sound*, and in due proportion in all its parts; but when any impediment occurred on either side, the current might take the passage when the overlapping curtain was so easily removed. The distressing palpitations and the colour of his lips and nails, might lead one to adopt this opinion. The curtain could only be pushed aside from right to left; and the same conjecture as in Spellman's case, already advanced, might here be hazarded, that life was perhaps prolonged by this anomalous mechanism. The progress of tubercles towards suppuration and destruction of the lungs, might have been slower than if the whole force of the circulation, from the right side of the heart, had been constantly exerted on the lungs, the blood occasionally taking the devious path already described. In this way the unsound lungs (for we should have mentioned that they were found tuberculated, and hepatized, with a large cavernous excavation in the left lung) were enabled to perform their functions for 34 years; nature thus, as observed before, compensating in some degree for the imperfection, by an unusual and extraordinary arrangement.

Removal of a large Tumor from the Neck, by Dr. Daly.

Bold operations of this kind have not been unfrequent of late; but we

think that the circumstances of the present case may be deemed worthy of particular notice. The tumor was of the steatomatous character, and suffered to run on for 13 years. When the patient, who was a stout healthy man, 27 years of age, was seen by Dr. Daly, the appearance and situation of the tumor were as follow:—It occupied nearly the whole of the right side of the face and neck, extending from the zygomatic arch, under which it seemed imbedded, to within two inches of the clavicle, in which direction it measured in its anterior circuit eleven inches and a half. The ear was pushed up towards the temple, so that its lobe was expanded over the tumor; and the sides of the meatus externus so closely pressed together, that hearing was entirely obstructed on that side. Posteriorly it extended to the distance of five inches and a half from the lobe of the ear, and anteriorly over the upper and lower maxillæ, and to within an inch of the angle of the mouth; in this direction it measured from behind, round the most projecting part of its surface, to the sulcus in the skin, parallel to the trachea, twelve inches and a half. The surface was studded with irregular knobs; several veins ran in various directions over the tumor, but the external jugular was found below and behind it of its natural size. The carotid was felt beating deeply under it near the clavicle, but near the angle of the jaw it could not be ascertained whether the vessel ran through it or under it. We pass over the details of the operation, which was of a truly arduous and appalling nature. Suffice it to say, that it was completely removed, not a particle being left behind. The whole tumor weighed two pounds fourteen ounces. The blood lost during the operation was chiefly venous, and did not exceed twelve ounces. On looking into the cavity which remained, its depth appeared formidable indeed, as the clenched hand might easily be buried behind the jaw; and nothing but the pharyngeal muscles and mucous membrane prevented the fingers from passing down the œsophagus. The epiglottis was easily and distinctly felt, but the tonsil of that side was not to be found, having been either pushed deeply backwards and upwards towards the base of the scull, or, what is more likely, absorbed. Under the most strict antiphlogistic regi-

men, the wound gradually improved, and was completely healed up by the termination of the fifth week. The man has been since constantly engaged in his usual occupations. His hearing was restored immediately after the operation, as soon as the ear had recovered its natural position: however, as several branches of the seventh pair of nerves were unavoidably divided during the operation, he may probably always labour under a partial paralysis of the right cheek. It may not be improper to remark, that the patient traced the origin of the tumor to a severe pulling of the ear, and pressure of the thumb behind the angle of the jaw; immediately after which it began to form; but it was principally during the year which preceded the operation that the tumor acquired its vast bulk.

On Hydrocyanic Acid in Cases of Dyspnœa, by Dr. Ryan.

In the case which this gentleman relates, no less than *fourteen drops* of the prussic acid were exhibited within the space of *eight hours*, and with the most decided success—a success which Dr. R. by no means anticipated. “Had I not,” says he, “considered the case perfectly hopeless, I would not have pushed the acid so far.” We are not quite sure how far this mode of treatment was justifiable; and we believe that the argument from the event is the only one that can be advanced in its favour. The remedy is extremely powerful, and requires the closest observation of the practitioner. The strongest stimulants should be had recourse to when its deleterious effects become observable. There is no doubt, however, that the hydrocyanic acid, in moderate quantities, carefully administered, may be employed in cases of severe pulmonary disease, in functional diseases of the heart, in violent cases of asthma, dyspnœa, and orthopnœa, with the most marked and decided advantage.

On Iodine, by Dr. Thetford.

Dr. Thetford has communicated a paper, in which he describes the complete success which attended the use of iodine, in indurated enlargement of the uterus. On examination, the os uteri was found projected into the vagina, nearly to the labia; and the uterus was

ascertained to be of osseous hardness, and of so considerable a size as nearly to fill the whole of the pelvis. The patient had nearly fallen a victim to extreme costiveness and retention of urine, before she was visited. These inconveniences being removed, mercurial alteratives were had recourse to; but it was not until the tincture of iodine was prescribed that any hope of decided relief could be entertained. Dr. Thetford began by seven drops, three times a day, in a wine-glass of water; and afterwards increased the dose to ten drops, which he found it unnecessary to exceed. Progressive absorption of the diseased substance of the uterus rapidly took place, and the catamenia (the patient was 40 years of age) were regularly restored. This favourable change was effected in about six weeks after the iodine plan of treatment was begun.

MEDICAL GAZETTE.

Saturday, May 3, 1828.

“*Licet omnibus, licet etiam mihi, dignitatem Artis Medicæ tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso.*”—CICERO.

DISPOSAL OF THE DEAD.

IN a former article*, in offering some observations on human dissection, we particularly adverted to the necessity of endeavouring to overcome the prejudices against it, rather than interfering by direct legislative enactments in its favour. We argued, and we repeat the same opinion, that every thing which connects the examination of the dead with ideas of degradation, must be calculated to foster the very evil we would remedy; and on this account we much lament the unexpected interference of Lord Grey on a recent question, with the bearings of which, the nature of his arguments clearly shewed that his Lordship had not made himself sufficiently acquainted. We also alluded to the in-

vitations held out in some of the public papers for medical men to set the example, by leaving their own bodies for dissection. It is rather remarkable, that since that time we should have had occasion to publish the document contained in our last number, by which it appears, that some of our Irish brethren have actually carried this idea into effect. On the other side of the Channel, amid the more enthusiastic natives of the sister kingdom, such a measure may produce a good effect; but we cannot conceal our impression that here it would not be well received, and that the example which they have set us could not, with propriety, be followed.

At the same time, we cannot help thinking that the measures proposed by the friends of anatomical reform will speedily be found inadequate to their design. Their exertions are too limited—they set out upon too narrow a principle. They simply call for a modification of certain existing legal enactments—they desire to have the appendage of dissection expunged from the sentence of the murderer—and they pray for the appropriation of the bodies of certain classes of individuals to the advancement of medical science. Such seems to be the utmost extent of their wishes, and such, they would flatter themselves, are measures potent enough to remove every impediment that might obstruct the study of anatomy. But we suspect it is not merely to the passing of legislative enactments, nor to the sanction of the statute book, nor to the exertions of the friends of medical science (directed as they are at present), that we must look for any thorough, real, or permanent reform in the important subject under consideration; it is only by impressive and repeated appeals to the reason and common sense of the mass of mankind, and by combating those prejudices upon which their opposition is grounded, that such

* No. 20.

an effect can ever be produced. Prejudice is surely too mild an appellation for that misguided zeal with which every effort is made among the lower classes in this country to stifle the study of anatomy, and the fury with which, in almost daily instances, persons connected with the schools are persecuted and hunted down; as were those ill-starred wretches of other days, who were suspected of dealing with the spirits of darkness. It is really curious, and not a little puzzling, to contemplate the horror which is vulgarly felt for every thing connected with the contact of a corpse; and the feeling of detestation entertained among the lower orders—their still *augmenting* detestation (for so it decidedly is in Scotland) of the only useful mode of disposing of the dead.

The subject of dissection—the consideration of the real nature and object of this process to which we covet the application of the human body after death—has never yet, so far as we know, been properly treated. The question has never been fairly looked in the face: even the very advocates of human dissection, with a most unaccountable want of zeal, have never ventured to go farther in its defence than to insist upon the paramount importance of anatomy, and the consequent *necessity* of having within our power the only means of its cultivation. They tacitly (nay, not always tacitly neither) admit or insinuate that dissection is a necessary *evil*—an evil to be tolerated in consideration of the good to be derived from it. Now all these paltry, temporising principles, we disclaim *in toto*—we profess to stand upon a broader basis—we will boldly assert, that not only is dissection of the highest possible value to the advancement of medicine and surgery, and consequently connected with the best interests of society, but that it is the most rational, and one of the best,

if not the very best mode of disposing of the dead.

The vulgar cry of “outrage on the dead,” is too silly and unmeaning to merit a moment’s consideration: if there be any outrage in the case, it must be on the living. As we have said on a former occasion, “it is the feelings of the survivors alone which we have to consider;” and the inquiry naturally presents itself, how far these feelings are, or ought to be, engaged in the rites, and ceremonies, and attentions, observed towards the deceased.

We are enjoined to “venerate the dead”—both religion and nature are said to dictate this to us: and “veneration for the dead” is connected with the noblest and sweetest sympathies of our nature. Well, replies the anatomist, we too venerate the dead, and it remains to be proved that in dissecting we do aught at variance with this feeling: we will go further; we affirm that the mode we adopt is the best mode in which we can demonstrate this veneration. If it can be shown, that in the pursuit of anatomical knowledge we offer insult or indignity to the dead, we are satisfied to give up our point, as well as all future claim to protection. Were the dead conscious of our veneration, and of the manner in which their bodies, instead of being left a prey to putrescence and corruption, are made subservient to the preservation of their survivors, what a benign gratification should we not presume it to afford them! But venerate the dead as we may, we should never forget that veneration for the living is a duty of superior obligation: the promotion of human happiness is a duty from which we cannot be exonerated—a duty which certainly cannot be more conscientiously discharged than by providing against

—— “the thousand natural shocks
That flesh is heir to.”

It is the common opinion—and we

have no intention whatever of disputing it—that both religion and nature dictate the veneration of the dead. But what does all this mean? Is there any standard by which the mode of obeying this dictate is to be adjusted? We believe there is not; and if the reader will but lend us his patient attention, whilst we cursorily survey some of the more remarkable peculiarities in the disposal of the dead, as practised in various countries, we feel assured that he will concur with us in coming to this conclusion;—that there is no natural, or common feeling among mankind on the subject, and that accordingly burial rites are completely arbitrary, having no other foundation than the locality, the state of civilization, the religious opinions, or certain other circumstances, of the people among whom they are observed.

Naturally and necessarily, the first object of the living in the disposal of the dead, is to withdraw them from the sight; and the next, certainly not to preserve them. Now, the Hindoos are a very ancient people—rigidly tenacious of the customs of their ancestors, especially with regard to matters of religion. They venerate the dead by flinging them into the Ganges and other rivers,—a custom so shocking to Europeans recently arrived in India, that they hire servants for the sole purpose of turning off the floating corpses from their grounds. The Guebres and Parsees expose their dead in high places to birds of prey, and pollute the air with them in a horrible manner, while they religiously avoid the contact of earth, water, or fire. Wild beasts, particularly the hyænas, are glutted with the bodies of expiring Caffres; and the New Hollanders bury their dead upright in the hollow stumps of trees, painting the scull and bones fantastically, as they become stripped of their flesh.

Some of the Orinoco tribes fasten their dead by a rope to the trunk of a tree on shore, and sink the body in the river; in four and twenty hours the skeleton alone remains, picked perfectly clean by the fish.

The Tapuyas and Moxos powder the preserved bones of their friends, and piously mingle them with their food. Some of these, no doubt, are instances from savage life—so we shorten our narrative, leaving out the peculiarities of the Abazas, the grotesque burial rites (for so they appear to us) of the tribes on the Congo, with some other amusing and instructive details of a like description.

Turn we next to a sublime scene, and mark the superiority of civilization and refinement. Let him who is impressed with the pompous veneration paid to the royal dead, survey with us the tombs of St. Denys, as they were thrown open at the commencement of the revolution. In splendid coffins of lead were found the chivalrous Francis and his family, supported on iron bars; but the bodies were in a state of liquid putrefaction, which made its way through the lead as the coffins were removed, and the odour was insupportable. Upon uncovering the coffins of some other crowned heads, a thick black vapour issued forth, and notwithstanding that vinegar and gunpowder were plentifully burnt to prevent ill consequences, many of the workmen were attacked with fevers. Now here was an example of the process of embalming—a process as odious and disgusting as can well be imagined; and this brings us to the Egyptians, than whom no nation ever took more pious and extraordinary pains in attempting to resist the havoc of time, and to preserve the frail tenement of flesh for the ultimately-expected rehabilitation of its former possessor. The utmost effort of their art, after all,

only served to keep the exterior of the body patched up in an unnatural condition, while all the really important viscera were removed. In the most expensive sort of embalming, the brain was extracted through the nostrils with a hooked piece of iron, and the scull afterwards filled with drugs—the intestines were then cleansed and washed out—and finally the body was steeped in a pickle of nitre for forty days. The cheaper processes were more expeditious, though if possible more disgusting, in most instances leaving behind nothing of the former man excepting the skin glued upon his bones. Yet what has all this veneration come to? How would the pious people of Egypt have been startled at the idea of their mummified bodies becoming at a future day an article of trade throughout Europe—to be broken up into powder, and taken as physic!

“He that hath the ashes of his friend,” says Sir Thomas Brown, “hath an everlasting treasure;” and the sentiment seems to have been generally appreciated at a very early period of the history of the world. The practice of cremation, or of broiling the dead with fire, is of an ancient date; but it fell into disuse in every country, according as population and agriculture extended. The large quantity of wood requisite for consuming a dead body by fire—three hundred weight it has been calculated, at the very least,—renders it an expensive, as well as a tedious and appalling process; and we are not aware that it is practised at the present day in any part of the civilized globe.

As to the Jews, we do not find that they had any fixed laws for regulating the disposal of their dead: they buried in graves and sepulchres, in town and country, in fields, upon the highways, in gardens, in their own houses, and upon the tops of mountains. Cremation, too, was occasionally practised

among them. The ancient Jews, in fact, were far less solicitous about the disposal of their dead than their modern descendants are.

The hasty view which we have taken of the methods of disposing of the dead observed by various nations, each looking with abhorrence and detestation on those which are familiar to others, will serve, we trust, to establish our position that there is no natural or invariable dictate on the subject; and we shall conclude what we have to say at present, with a few remarks on the custom of inhumation. A fond attachment to this method of burial is cherished and encouraged in us from our earliest years; it is the method which we see observed towards those beloved relatives and friends whose memory is sweet to our souls; we are pleased with the idea of being reunited to them;—and thus our feelings operate against our better reason, in keeping up the prejudice in favour of the grave.

Inhumation is the most ancient, and the simplest, certainly; though, as we hold, not the most rational method of venerating the dead. By it, both concealment and decomposition, the twofold object of burial, is accomplished; and if we inquire how this decomposition is effected, M. Fourcroy will afford us ample information on the point. In the course of his researches in the churchyard of St. Innocent, at Paris, he was enabled to ascertain that bodies buried in the earth do not perceptibly change colour for the first seven or eight days; that the putrid process disengages elastic fluid, which inflates the abdomen, and at length bursts it; that this event instantly causes vertigo, faintness, and nausea, to any one within a certain distance of the spot when it takes place; but that, when a person is nearer, a sudden privation of sense, and even death,

is the consequence. Grave-diggers, aware of these facts, and taught by experience that there is no immediate danger excepting at this period, regard it with the utmost terror. M. Fourcroy and his associates were unable to induce those men to assist them in their inquiries into the nature of this active and pernicious vapour. So much for graveyards: and if, in addition to this, we recollect that all of them are infested with rats, and in some places even with pigs, the measure of our happiness is complete. Yet there is a longing, lingering desire, entertained for those consecrated spots, and we covet a lengthened—if possible, a permanent residence in the grave:—witness the ardour with which the experiment of the patent iron coffins was immediately advocated and encouraged! It seems, indeed, to be a prevalent notion, that the body must be *preserved* in some way or other; that it must be suffered to rest in peace, quietly to await the general resurrection. But all attempts of our's to effect this purpose are in vain: dust to dust is our doom, whatever steps we take to retard our decomposition; and we must not, as the gentlemen of the long robe express it, occupy in fee-simple what has only been granted for a term of years. If this were not the case, the earth itself would evidently soon be covered with the dead instead of the living.

In the remarks which we have now offered, we have advocated dissection merely as a rational mode of disposing of the human body after death, endeavouring to establish our point, simply by contrasting it with the ordinary burial rites which prevail in various nations—not one of them resting upon better grounds for observance than mere locality, or unauthenticated tradition. Besides we would humbly suggest that if dissection should become authorized by custom, and sanctioned by the

protection of law, the interment, where it was desired, might take place just as well after as before its performance, and by this means there would be no temptation “to violate the grave.”

And here we pause for the present, intending, in a future Number, to treat of dissection, more particularly with reference to the important benefits which it confers upon the best interests of mankind; and at the same time, perhaps, to consider some of the remedies best calculated to remove the impediments which stand in the way of its cultivation.

ANATOMICAL COMMITTEE.

THE committee appointed by the House of Commons to investigate the causes of the difficulties, &c. of supplying the anatomical schools with bodies for dissection, assembled on Monday last, for the purpose of taking the evidence of Sir Astley Cooper, Messrs. Abernethy, Brodie, and Lawrence; in which they were occupied for four hours.

The principal points of examination were: The indispensable necessity of anatomical knowledge, as acquired by *actual dissection*; the mode of obtaining bodies at present; and the suggestion of remedies.

On all these points there was an almost perfect identity of opinion given by the above-named distinguished members of the profession.

After pointing out very distinctly the mischief which resulted to society from having surgeons ill-informed in anatomy, Sir Astley stated, that as an examiner of the College of Surgeons, he had remarked an evident decline in the knowledge of the candidates.

The committee were made to feel the sense of degradation which medical men experience in being obliged to *associate* with men of the most profligate character, in order to obtain the means of ac-

quiring that knowledge which the law compels them to possess.

Exhumation was condemned as being one of the chief causes of the prejudices against dissection; though it was made equally evident, that unless other modes of obtaining bodies were granted, no *law* would restrain the resurrection-men from having recourse to it.

The proposed remedies constituted considerable part of the examination of each witness; and all agreed in the propriety of abolishing the dissection of murderers.

As no compulsory act can at present be made to compel overseers, churchwardens, &c. to give up the unclaimed bodies of those who die in workhouses, or other eleemosynary institutions, it was recommended, that a *permissive* law should be made to authorize these persons to do so, —of course the law which makes dissection illegal, according to the recent charge of Baron Hullock, at Lancaster, *must* be altered. In justice to the Committee, we must bear testimony to their zeal and discretion in the mode of conducting the examination.

MEETING AT THE COLLEGE OF PHYSICIANS.

At the meeting which was held at the College of Physicians on Monday last, Dr. Macmichael read a paper, which was a sort of commentary upon the following passage in the last Vaccine Report, in proof of the wider diffusion of vaccination, &c.:—

“ In proof of its wider diffusion, we learn that it is now practised not only throughout the Morea, and the countries inhabited by the Greeks, but that it has been admitted into Constantinople and into the palace of the Sultan, in spite of the prejudices which the religion of the Mahomedans opposes to any measures intended to interfere with the destinies of life. So that the advantages which this country derived from

the East in the last century, by the acquisition of inoculation from thence, it has now abundantly requited by imparting to the same region the safer practice of vaccination, by which the small-pox, equal to their own plague in the severity of its visitations, has been already disarmed of its terrors; and in the course of years, may probably be extinguished altogether.”

He dwelt upon the importance of this fact; and then gave a short outline of the history of inoculation, introduced into this country by the persuasion and exertions of Lady Mary W. Montague, more than 100 years ago. The account, as given in her Letters, was very amusing; and the observation made by the author of the paper upon the result of this experiment, struck us as interesting:—“ One of the most curious results of the experiment of inoculation in England, was to put the *contagious* nature of the small-pox beyond doubt, for Sydenham does not appear to have known this, its most obvious property; and the medical writers who immediately followed him, as Willis, Morton, and others, though they suspected it, did not conceive that it was the *sole* cause of the propagation of the disease.”

He then adverted to the prejudices of the Turks, arising from their notions of predestination; and described the attempts made to introduce vaccination among them, which were only partially successful, till about four years ago, when, chiefly through the means of Lady Strangford, the English Ambassadress at the Porte, vaccination was performed to a great extent in some islands not far distant from Constantinople. The curious coincidence of two Ladies of English Ambassadors at the Porte being the principal means of reciprocally communicating the beneficial practices, first of inoculation, and then of vaccination, was adverted to.

Several other particulars were mentioned; and the paper concluded with an extract from a letter recently received in this country from India, which, if the statement it contains be true, is of the last importance:—

“ It appears, that from the vaccine matter having lately failed in Egypt in a great many instances, medical gentlemen were led to institute certain experiments, by which it has been disco-

vered, that by inoculating a cow with small-pox matter from the human body, fine active vaccine virus is produced. At the time the letter was written, there was a Greek child at Mocha, that had been successfully vaccinated with matter direct from the cow, produced as above-mentioned; and the virus taken from its pustules had acted with the best effect on several other children at Suez, where former attempts had failed."—*Letter from India.*

Now, if this should be found, upon further trials, to be really true, it will prove to be one of the most important facts connected with this interesting subject: there can no longer be any fear that we may at any time be deprived of the means of combating the small-pox, since that baneful contagion will furnish its own antidote.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Fracture of the Cervix Humeri.

Treated by Mr. Key.

CHARLES BELL, a robust sailor, æt. 21, was admitted into Guy's Hospital April 15th, under the care of Mr. Key; states that about six weeks ago, being engaged on deck during a gale, and the wind suddenly veering, he became entangled in the sail, and that, having been thus lifted some distance from the deck, he fell with much force upon his shoulder. On recovering from the stunning effects of the fall, he found himself deprived, in a great measure, of the use of his right arm. He has never before had recourse to surgical assistance. The shoulder now presents the following appearances:—its rotundity is somewhat diminished, from the wasting of the deltoid muscle; the tubercles are more prominent than those of the other side, and approach nearer to the acromion process, the limit being shortened to the extent of one-third of an inch. If the arm be carried from the side and rotated, a distinct crepitus is perceptible, and the tubercles may, at the same time, be felt to move with the shaft of the bone. The crepitus is very obvious if the finger be placed on the coracoid process of the scapula. When the finger is pressed on the part just anterior, or immediately posterior to the tuber-

cles, acute pain is occasioned; if at the same time the arm is rotated, a sensation is produced as if the edges of the broken bone were passing over each other. The motions of the arm are very imperfect; neither flexion nor extension can be employed to a right angle, and the power of abduction is altogether lost. He can, however, without inconvenience, lift considerable weights.

Ordered, a pad to be placed in the axilla, and the arm to be fixed to the side by bandages.

In his clinical remarks on this case, Mr. Key observed, that he was induced, at this advanced period of the course, to direct the attention of the pupils to the case, as one which they might soon meet with in practice, and the maltreatment of which might involve them in difficulty and injure their reputation. Cases of injury to this joint were, he said, often rendered obscure by the extreme swelling that quickly supervened upon the accident, which prohibited an accurate examination of the condition of the bone, and thus rendered the diagnosis of the fracture exceedingly difficult. When fracture takes place through the tubercles of the humerus, the injury is often rendered evident by the projection of the broken shaft against the deltoid muscle, even though no crepitus is perceptible; but when the fracture takes place between the tubercles and head of the bone, as in the present instance, the displacement is not so great as to point out the existence of fracture; and, unless the examination be conducted with the greatest care, crepitus cannot be felt. The symptoms attending this accident are, first, a very slight degree of deformity arising from the approximation of the tubercles to the acromion (this deformity being less than when the fracture is through the tubercles), and this being accompanied by slight shortening of the limb. Secondly, inability to raise the arm, but ability to perform the under-hand motions of the limb. Thirdly, crepitus when the arm is raised, and at the same time rotated; rotation alone frequently failing to produce crepitus, as the head and shaft of the bone then move together. Even, however, in the absence of crepitus, we ought not to be hasty in concluding that no fracture exists. Mr. Key was induced to make this remark from a case which had

fallen under his notice, in which all the symptoms of fracture were manifest except crepitus, which was accidentally discovered on the fourth day after the accident, having previously eluded the most careful examination. When the tumefaction is such as to prevent the head of the bone being felt, the part where crepitus is most readily detected is at the coracoid process of the scapula; and this has sometimes led to this accident being mistaken for a fracture of the cervix scapulæ, an accident of extremely rare occurrence, as, indeed, we are led to conclude by the anatomical relations of that bone. Its great strength at this part, the mobility of the scapula, which enables it to elude shocks, and the difficulty of inflicting any direct violence on the neck of the scapula, all concur to render a fracture of this part a very improbable occurrence. Added to this, the most experienced surgeons (at least of our school) have hitherto never met with a case in which there was evidence of this fracture after death; although fractures of the cervix humeri are found by dissection to be by no means rare. The communication of crepitus to the coracoid process in a fractured cervix humeri, is readily explained, on the principle of bone being a better conductor of vibration than the soft and swollen deltoid. But the distinguishing feature of fracture of the cervix humeri, is the preservation of the underhand motions of the arm, and the capability, as in the present instance, of lifting heavy weights. This can only be effected by the action of the biceps, the integrity of which must obviously be lost in fracture of the cervix scapulæ, by the detachment of its points of origin. The case before us presents the lamentable effects which arise from the neglect of these accidents; the poor fellow being reduced to the alternative of a stiff joint, or an ununited bone. The fracture having existed six weeks, renders it extremely improbable that an attempt at union will be successful; for it sometimes happens, under the most favourable circumstances, that union within this joint is wanting. Even if union should ultimately be effected, the length of time which will be required, after the lapse of six weeks, will probably lead to the partial ankylosis of the joint, and the consequent impairment of its motions.

Until Sir A. Cooper has seen the case, and decided upon the best plan of treatment, Mr. Key said he should proceed upon the principle of endeavouring to effect union.

ST. THOMAS'S HOSPITAL.

Pericarditis.

Treated by Dr. Elliotson.

LAENNEC acknowledged he was not aware of any certain signs by which we could, with certainty, detect the above formidable disease; and all who have enjoyed even limited opportunities of comparing appearances post mortem with the phenomena observed during life, have no doubt met with one or more cases fully confirming the observation of the above author. It is true that M. Louis has asserted (and has related cases to prove his assertion), that when free from complication, this disease is easily detected; but, if correct, this would prove of but very limited value, such cases being comparatively rare. The symptoms which he has laid down are also those of an advanced stage, as "absence of sound, on percussion, over a large præcordial space (on which he lays much stress); prominence of the left side, without œdema; and loss of the respiratory murmur to an unusual extent in the situation of the heart," must depend on an effusion into, and consequent dilation of the pericardium, which, being merely an effect of the disease, may occur at an earlier or later period, and cannot be received as symptomatic of its earliest invasion. It is not, however, unfortunately, true (on this side of the channel at least), that uncomplicated pericarditis can be, as M. Louis affirms, so easily recognised. This obscurity, however, of the symptomatology of the disease, coupled with its importance, ought rather to stimulate than retard our investigations; and with the hope of being able, by a collection of facts, to arrive at some more satisfactory conclusion, we shall present such cases as occur to us.

J. H. æt. 51, admitted April 3, under Dr. Elliotson, had enjoyed (he said) a good state of health till five weeks before admission, when, after a severe domestic calamity, and exposure to cold

and wet, he was seized with palpitations (it was, however, afterwards ascertained he had been subject to palpitations and asthma for some years): about a week before admission his legs began to swell.

At the above date he presented the following symptoms:—Palpitations of the heart, increased by any exertion; dyspnœa; inability to assume the recumbent posture; pain in the cardiac region, darting to the scapulæ and left shoulder, and extending partly down the left arm; considerable tenderness on pressure upwards at the bottom of sternum; countenance anxious, and of a dingy hue; lips livid; jugular veins somewhat swollen; cough, sometimes severe, with copious mucous expectoration; pulse very quick, very irregular, both as regards force and frequency, being for a few beats distinct and pretty firm; then, for about twice as long, a mere flutter; thirst, and clamminess of the mouth; impaired appetite; irregular state of bowels; œdema of legs and scrotum; scanty urine.

Auscultation.—Great impulsion over the whole heart, but particularly at the ventricles, almost without sound, it being very dull and deep; no bruit; heart's action very tumultuous, almost impossible to analyze the various contractions. Percussion afforded nothing remarkable.

Ord. V. Sect. ad $\frac{3}{4}$ xx. Empl. Canth. Pect. Hydr. Subm. gr. v. 6tis horis. Slops.

4.—After being seen by the physician yesterday, he left the hospital, and did not return till late in the evening; not, therefore, bled till this morning. Was delirious the early part of the night; has not laid down, except immediately after the bleeding for a short time; has continued, however, since to feel somewhat better; cough is severe. Respiration examined to-day: sonorous rale over the whole chest anteriorly, but particularly on left side, with imperfect (stifled) pectoriloquy in several parts. Bowels open. Pergat.

5.—Appears, on the whole, somewhat better; can lie rather more recumbent, but has still, however, pain in the cardiac region, extending to shoulder; severe cough and dyspnœa; pulse very regular; in other respects the same. Gums rather spongy. Pergat.

6.—Decidedly worse than yesterday; greater difficulty of breathing; cough,

and is unable to lie down; face more dingy, lips livid; pulse feeble, irregular, and intermitting. He gradually grew worse on the 7th. On the 8th he sat erect in bed; extremities cold; face very livid; delirium; cough and expectoration had ceased; and on the 9th he died.

Sectio Cadaveris, 26 hours after death.—Pericardium contained about four or five ounces of rather turbid fluid, containing a few small floculi of lymph; some patches of lymph on the pericardium, firmly attached, and evidently the effect of some former attack. Heart considerably enlarged; much thickening of the ventricles, particularly of the left; immense carneæ columnæ on left side; some thickening and dilation of auricles. The lungs engorged with blood: they did not collapse on raising the sternum, and on cutting into their substance, a quantity of frothy mucus, tinged with blood, escaped. All the bronchial ramifications considerably dilated, particularly those near the parietes, where the imperfect pectoriloquy was detected.

MIDDLESEX HOSPITAL.

Cicatrix of a Wound in the Abdomen, and the Question of Hernia, or Extravasation of Urine.

Treated by Mr. Bell.

W. WALKER, æt. 40, was admitted on the 28th March. He complained of great pain from a swelling in his right groin, and he was afraid this was connected with a severe wound which he received five years ago. On examining him, there was seen a cicatrix at the lower part of the abdomen, extending across the pubes, from one inferior anterior spinous process of the ilium to the other; and it appeared that, by this wound, the penis had been cut off at the root. At the upper part of the scrotum there was a deep hole, almost concealed by the loose furrows of the integuments; and it was out of this orifice that the urine flowed.

There was a swelling in the seat of the inguinal glands, which was slightly prominent, circumscribed, exquisitely tender, and the skin over it was dense and inflamed. He had walked to the hospital, but he suffered so much pain that he was obliged to stop and rest several times on the way. On the even-

ing of the 26th, while assisting a man to carry a heavy box down stairs, he slipped on one of the steps, and he felt a sudden pain in his groin. About two hours afterwards, he was alarmed at finding a swelling, of the size of an egg, in his groin: this increased, and the skin over it became red and inflamed. In the interim between this occurrence and his coming to the hospital, he had one evacuation of his bowels. He has been sick, and vomited several times. His pulse was full, but it intermitted irregularly. During that afternoon, he was visited twice by Mr. Bell. The sickness continued, but was allayed by the effervescing draught, with laudanum, and he slept comfortably that night.

This had very much the character of hernia, both in the local appearance and in the attending symptoms: but the surgeon's attention was particularly directed to the state of the urethra. When questioned how he received the wound across his abdomen, he said that, five years ago, he was in the north seas, a sailor in a whale ship. Having gone upon the ice, after some bears, his foot got jammed between two blocks of ice; and mortification of the toes was the consequence of this injury. About 20 days after that, while he was still lame, he went upon deck, having occasion to make water. The boards of the deck were then slippery, from the blubber that lay scattered upon it. Where he stood there was a flinching knife (that is the instrument with which the whale is cut up in extracting the blubber) lying on the deck, with its sharp edge presenting upwards; and while engaged in making water, his lame foot suddenly slipped from under him; he fell, and with his whole weight came down upon the blade of this instrument. A deep incision, extending across his belly, twelve inches and a half, attended with profuse hæmorrhage, was the consequence. The surgeon of the ship informed him that the large blood-vessels on each side were saved by the knife striking upon the prominences of the haunch bones: but still he lost a great deal of blood, and was reduced very low, so that his life was despaired of. The body of the penis was found completely divided by the incision; it was only attached, by two shreds of integument, to his belly; and it was, therefore, cut off by the surgeon. The in-

testines were seen bulging through the wound at each groin.

It was about seven days before the hæmorrhage entirely ceased. In five months he was able to get out of bed, and move about a little. In a twelve-month he returned to his former trade, that of a stocking-weaver. Since that time nothing remarkable has happened to him.

The surgeon suspected that the source of the present mischief, instead of being a hernia, was only a suppurating gland, consequent upon irritation in the urethra; that irritation being produced by the contraction of the orifice of the urethra in the cicatrix. Some entertained the opinion that extravasation of urine produced the swelling.

When he was questioned as to how he made his water, he said it came easily, without giving him pain; but it dribbled slowly over the skin of the scrotum, and he was obliged to sit down while he made it. For a twelvemonth after the accident he used an instrument to keep the passage open: since that time he has had no obstruction in making his water.

This man was watched with considerable anxiety for some days; but we may state shortly, that the sickness went off; he had no pain in his abdomen; his bowels were freely evacuated with the use of the house medicine and a clyster; he slept well, and his spirits were good. Leeches and fomentations were applied to the swelling in the groin: for some days the inflammation extended to the surrounding skin. In the course of a week white vesications appeared on the surface of the swelling, and shortly afterwards a large slough came away; then the swelling and inflammation subsided. His pulse was now remarked to have ceased intermitting, and was about the natural standard. On this day (April 22) the sore in the groin is almost healed, and he expresses a wish to leave the hospital.

PROCEEDINGS OF SOCIETIES.

HUNTERIAN SOCIETY.

April 23.

DR. F. RAMSBOTHAM IN THE CHAIR.

THE early part of the meeting was occupied in the preparation of a petition to parliament on the subject of dissection.

The subject of fractures in the basis of the cranium engaged the attention of the society during the remainder of the evening.

Mr. Callaway related a case with respect to which he expressed himself doubtful whether the symptoms were occasioned by fracture or extravasation.

A gentleman was thrown from his horse, and taken up in a state of coma, and bleeding copiously from the left ear. The blood was of a dark colour, and continued to flow for many hours, so that not less than sixteen or eighteen ounces escaped. Bleeding and purging, conjoined with rest and tranquillity, were the means employed. His intelligence gradually returned; but on the third day it was observed that the mouth was drawn to the right side, owing to paralysis of the left. Mr. Callaway thought it probable that this effect might have been immediately consequent on the injury, but concealed by the extent of contusion. There was complete deafness on that side. The patient was unable to corrugate the eyebrow, and the eyelid was paralyzed: indeed all the parts were paralyzed to which the facial nerve is distributed, and the portio mollis participated in the injury. Mr. C. remarked, that although hæmorrhage from the ear is regarded as a diagnostic of fracture in the basis of the skull, he had known other persons recover after it had occurred besides the individual whose case he had detailed. In him, however, the recovery had been only partial, as the paralysis and deafness continued notwithstanding the lapse of eight weeks.

Mr. Knight mentioned a case in corroboration of the remark, that patients may recover after the occurrence of coma and bleeding from the ear.

Mr. Randall and Mr. Callaway adduced facts which shewed that the effects of fracture in the basis of the cranium may not manifest themselves immediately. The former gentleman gave the case of a child, about nine years of age, who had fallen from a considerable height. There was a swelling at the back of the head, but the symptoms were so slight that little attention was paid to the injury. About a fortnight afterwards, symptoms of pressure supervened, and they were followed by paralysis of the right side of the face. Notwithstanding the adoption of active treatment, the child died within forty-

eight hours. On examination, it was ascertained that there was a fracture in the basis cranii. Some fluid had been deposited between the membranes, but there was no extravasation of blood.

Mr. Callaway reported the case of a boy who was thrown from a horse in the Borough. He afterwards ran home to Bankside, ate his dinner, and went out to play. On returning home, he complained of headache, and went to bed. Some time afterwards, he was heard snoring, and continued doing so through the night; but as the parents supposed him sound asleep, they made no attempt to rouse him till the morning, when they found him insensible. A surgeon was now called in, but the boy continued to breathe with stertor, and died at the expiration of sixty hours. A fracture, and an immense mass of extravasated blood, were found at the basis of the cranium.

Dr. Ramsbotham adverted to an instance of unexpected recovery from a state of coma, imputed by two very eminent surgeons to fracture in the base of the skull. The gentleman, however, had sustained the permanent loss of taste and smell: but he has a consciousness of the pungency of Cayenne pepper, when applied to the tongue.

MEDICAL SOCIETY OF LONDON.

April 28.

DR. HASLAM, PRESIDENT, IN THE CHAIR.

THIS was an adjourned sitting of the Special General Meeting of the Society, which, on the preceding Monday, had prepared a petition to be presented to the House of Commons, on the subject of the difficulties which, in the existing state of the laws, obstruct the cultivation of anatomical science. It was the object of the adjourned meeting to prepare a petition to be presented to the House of Lords; and a petition previously written, and very nearly coinciding with that presented to the Commons, was read by the President. The circumstance, however, of a Select Committee having, during the week, been appointed in the House of Commons, for the purpose of taking the subject matter of these petitions into consideration, appeared to have in-

duced the members of the society to think that an application to the House of Lords, in this stage of the business, was by no means a measure of urgent necessity :—a motion, therefore, to withdraw the petition, was, after some discussion, readily acceded to. An interesting debate, however, followed; the chief points of which may be thus briefly stated.

It was observed, that the exhumation of bodies, called for by the wants of the anatomical enquirer, was a practice at war with feelings and associations that would never be eradicated from the breasts of individuals, either in the elevated or more humble classes of the community; and that the publicity that had been given to the detection of this objectionable mode of supplying the medical student, had, while it tended to keep alive the natural horror of the human mind at the violation of the grave, very much and fearfully narrowed the path of anatomical inquiry.

It was well argued, that, as long as dissection stood on the statute-book as an indignity to be offered to the lifeless remains of the murderer, after the law had wreaked its vengeance on his living body, the public would not be brought to look upon post-mortem examinations without horror and repugnance; and any measures that the legislature might adopt to facilitate the pursuits of the medical student, would effect no change in the prejudices against the disturbance of the dead—prejudices sufficiently deep-rooted, but receiving strength and permanence from dissection being made the posthumous punishment decreed for the most execrable of felonies; that the repeal, therefore, of this part of the penal law, was a “consummation devoutly to be wished.”

MR. LAWRENCE.

[WE stop the press to insert the following letter, as we have no desire except to state the truth as correctly as we can ascertain it concerning matters which do not fall under our own immediate cognizance. In perusing it we request our readers to keep in mind the following circumstances. 1. We simply inquired whether Mr. Lawrence had entered as a pupil a gentleman who reported for the *Lancet*. 2. It appears that the gentleman in question, although he did report some of Mr. Abernethy's lectures, positively denies that he ever has reported the hospital cases,

an assertion which we never have called in question. 3. That after this explanation we never have repeated the insinuation, as our correspondent erroneously imagines. 4. That we did not allude to him, as the reporter of the *Lancet*, in our account of the late explanatory conversation between Mr. Lawrence and Mr. Earle; and were not even aware that he was present. 5. We inserted his exculpation as contained in Mr. Earle's letter; and we did not know that the latter gentleman had repeated this on the occasion alluded to, otherwise we should not have omitted it. At the same time, what Mr. Earle said could scarcely have amounted to “a conviction of the utter groundlessness of our charge;” inasmuch as we had made none. 6. We insinuated that Mr. Lawrence's health had not been well received at the anniversary dinner; and although the letter which we subjoin shews that there was some disturbance, we have reason to believe that the present account of it is more correct than the one originally transmitted to us, and which, be it observed, we did not publish. Lastly, we most positively disclaim any “spite” against Mr. Lawrence; but we have thought that gentleman not fully aware of the injury he sustained from the conduct of the *Lancet* towards him, and we have been and are anxious to open his eyes in this respect.]

To the Editor of the London Medical Gazette.

London, April 30th, 1828.

SIR,

I OBSERVED with much regret, in your last Number, an account of a conversation which took place on the 19th inst. between Messrs. Earle and Lawrence, in the presence of a considerable number of the pupils at St. Bartholomew's Hospital, on the subject of a letter from the former gentleman, in your preceding Number. With respect to that conversation, at which I was present, I have little more to say than that I, for one, am very sorry it should have occurred—at least in public; and in this the warmest eulogists of Mr. Lawrence may probably agree with me. On the other hand, it seems rather questionable taste, on the part of Mr. Earle, to publish his reception of what he believed to be an apology from Mr. Lawrence. Besides, the term used by Mr. Earle—unguardedly enough, no doubt—will hardly bear the mild construction of an apology, any more than its mildest meaning. *A distinct and public reparation for an admitted wrong**, is justified by the expressions of

* Amende honorable—Sorte de peine infamante, ordonnée par justice; et qui consiste à reconnoître publiquement son crime, et à en démanier pardon.—Faire amende honorable à quelqu'un; lui faire une espèce de reparation d'honneur sur quelque chose, et reconnoître qu'on a eu tort à son égard.—*Dict. Acad. Fr. in verbo.*

regret which Mr. Lawrence affirms that he used in reference, not to the admission of a pupil whose good faith he never had reason to doubt, but to the alarm his admission excited in the minds of the other surgeons.

The mention of this pupil, Sir, leads me to observe, that you have left out of your account precisely that particular which, as a gentleman, you should have been most careful to insert. In your original question, to which Mr. Earle's letter was a reply, you insinuate a charge of a most serious nature against a very innocent man. Now, in his interview with Mr. Lawrence, Mr. Earle took a public opportunity of pronouncing rather a panegyric upon this gentleman, than his simple conviction of the utter groundlessness of your charge. Sir, I attribute your omission of this circumstance rather to your reporter than yourself; otherwise I could have found but one reason for the neglect, and that by no means a creditable one.

You ask, Sir, whether Mr. Lawrence is aware how his health was received at the Bartholomew dinner? I ask you, in reply, whether you know yourself how it was received? And if I had not the same grounds as in the former instance for believing you to have been misled by your informer, you may rely upon it you would never have been troubled with any letter from me. I was present at that dinner, Sir, and will tell you how Mr. Lawrence's health was really received. It was proposed by the President, (Dr. Conquest) and was hailed with the most enthusiastic applause. This seemed to offend some three or four of the spirits present, who, in the characteristic taste of their tribe, thought fit to put forth a hiss. When this became audible, it was immediately drowned by a fresh burst of applause, which was repeated again and again, till the hissing was shamed into silence. There are few men who have no enemies. For myself, Sir, I will only say, that I never heard a more gratifying, and what, from my heart, I believe to be, a more well-deserved expression of good and grateful feelings. I was not entered as a pupil under Mr. Lawrence, nor had I any recommendation to him whatever; but I have been treated by him with uniform, and no partial kindness; and I will state what I feel in return with regard to him, in common, I am sure, with the whole class—that both his treatment of the patients, and his urbane and highly instructive remarks to the pupils, place him, I will not say above, but at least upon a level with any other gentleman in a similar situation.

Why should you, Sir, stoop from your high place in the public esteem to take up the dirty weapons of personal spite? Is it that you believe Mr. Lawrence to be connected with the *Lancet*? You know that he has denied it; and permit me to say, that you owe it both to the character of your Journal

and your own, to refrain from accusing him of falsehood, even by implication.

Sir, I do not believe that the account you have given of these circumstances was furnished by your usual reporter, for it is not in his spirit*. If it were, I am sorry that you have so much misplaced your confidence; and I call upon you to consult any other person present as to the accuracy of my statements. If you find that they are correct, I further call upon you to supply your deficiencies and recal your insinuations.

I had intended to add a few words about the gentleman whom you persist in calling the 'Reporter for the *Lancet*,' as if you still believed him to have given those *hospital* reports which have been so justly complained of, in spite of Mr. Earle's most candid and honourable testimony to his character; but I am ashamed to trespass further upon your attention, even in behalf of a man whom I have good reason to believe has been long *most honourably* struggling with adverse fortune. Let it not be your fault, Mr. Editor, if his exertions do not meet with the success they deserve.

I am, Sir,

Your obedient servant,

A STUDENT AT ST. BARTHOLOMEW'S.

* Our correspondent, in this respect, is correct: our information did not come from the gentleman who usually reports for us.—E.

NOTICES.

We have received a letter from Mr. Tebbs, enclosing an affidavit made by him; the contents of which are in opposition to the statement of Dr. Forbes, given in our last Number. We mean no disrespect to Mr. T., but we really cannot publish more upon the subject; as we said before, people are tired of it.

Communications have been received from "Mr. Broughton,"—"X. X."—"Juvenis,"—"Dr. Baker,"—Dr. Ward,"—"A *Chirurgical Reformer*,"—"An Admirer,"—"Hibernicus,"—"F. M."—"Philo-Medicus."

The insertion of the letter from "A Student at Bartholomew's," has obliged us to omit Dr. Defermon's case, alluded to in M. Magendie's lecture.

* * Having been applied to by several gentlemen of the profession, who are going to Paris for the summer, to ascertain how they can obtain the *MEDICAL GAZETTE* during their residence there, we beg to inform them that by giving their orders to MM. A. and W. Galignani, Rue Vivienne, they can be regularly supplied with the work once a month.

THE LONDON MEDICAL GAZETTE,

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SATURDAY, MAY 10, 1828.

[Vol. I.

LECTURES

ON THE

NERVOUS SYSTEM,

Delivered at the College of Surgeons,

BY MR. CHARLES BELL.

(Continued from page 622.)

ON THE NERVES OF THE FACE.

AFTER some observations on the authors who treat of the nervous system, Mr. Bell proceeded to his lecture on the nerves of the face.

The subject of to-day's lecture is but a division of that which occupied us in the last; and let me observe, gentlemen, that in the many years during which I have prosecuted this subject, I have found it my interest to acknowledge my difficulties. Now in this matter of "respiratory nerves," it must occur to you that difficulties of no common nature offer themselves. When we have contemplated the nerves of sense and motion, as belonging to the operations of the mind—and the nerves of respiration, as performing their function during the insensibility of sleep or apoplexy, the distinction of the two systems seems to be perfectly made out; but we encounter a difficulty when we see the same respiratory organs not only under the influence of the mind, as in passion, but directly under the agency of the will, as when they are the instrument of speech.

You would have good reason to doubt what I had to offer to your attention upon this subject, if you found me using an hypothesis to explain every phenomenon, and remove all obscurity. All that I would venture to assert is, that by taking a natural method, we

have discovered important distinctions in the functions of the nerves, and explained that forbidding intricacy in which they were at first presented to us.

You will not fail to observe, that there is a correspondence in the combination of powers necessary to the performance of certain actions, and the connexions or reunions of the nerves, as exhibited on dissection. And first let us observe the necessity there is for this combination. In the mouth there are passages leading to the stomach and the lungs: it is, as it were, the same opening for food and for breathing. Now consider the act of deglutition: it is in part a voluntary, in part an involuntary action. How is the windpipe to be defended in the act of deglutition, unless the instinctive operations of the muscles of the pharynx and larynx are brought into co-operation with the voluntary act? How is the morsel to pass through the diaphragm without the temporary relaxation of that muscle? All this shows the necessity of the combination of systems, which we have strong reasons for considering to be essentially distinct. In the act of speaking, too, when you consider how the muscles of the chest, neck, larynx, pharynx, tongue, and lips, must be combined, the union and co-operation of voluntary and involuntary muscles will be acknowledged to be necessary. Now when we resume the dissection of the neck, we find that filaments of nerves, from the spinal or symmetrical system, enter into these respiratory nerves; as into the portio dura of the face, the glosso-pharyngeal, par vagum, and spinal accessory nerves. This, although increasing the intricacy, should not di-

minish our interest in the inquiry, since we still perceive that remarkable relation betwixt the distribution of the nerves, and the compound nature of the functions in the parts of which they are sent.

In truth, the functions are so complicated, that unless I had had the opportunity of making demonstration of the actual distinctions of the nerves of the *face*, I should have altogether despaired to have drawn the attention of the profession to this subject; but in the head, whilst the fifth pair performs the offices which in the trunk and limbs are performed by the nerves of the spine, the seventh, a superadded nerve (one, as you have learned, distinct, differing in its origin from the spinal nerves), takes a course circuitous and remote from the fifth, whilst in its ultimate branches it is united with that fifth. How happy, then, are we in the opportunity arising from the peculiarity of their course, of making experiments upon these nerves, and ascertaining their different functions, without leaving a pretext for cavil of any kind.

Still it is asked, why call the portio dura the *respiratory* nerve of the face? First let me beg the answer to this question—why does this nerve take a circuitous course? Is it not that it may connect itself with the eighth, the ninth, the spinal accessory, the phrenic, the descendens noni, and superficial cervical plexus. No sooner do you see all these nerves displayed, than you are ready to assent to the conclusion, that the connexion of the nerves corresponds with the connexions of the functions; and that the combination of the organs in breathing, coughing, sneezing, singing, and speaking, would be a thing incomprehensible, did we not observe the relation established between them through these their connecting cords.

It is known to you that I offered to the profession my observations on the spinal nerves, and on the distinct nature of nerves as referrible to their roots. I have for many years lectured on this subject, and, founding upon these principles, I hope I have much improved my knowledge of the system. After a long interval, I resolved to bring the result of my investigations before the scientific public; but I believed that a long process of reasoning, founded on minute anatomy, was not likely to draw attention;

and, therefore, in my first paper to the Royal Society, I laid before them my experiments on the nerves of the face, certain that the deepest prejudices could not resist the proofs of distinction in these nerves.

In all inquiries of this kind, we must first study the nature of the endowments of the parts to which the nerves are distributed; for by familiarity we actually lose the knowledge of things. Suppose you are groping in your pocket for a piece of money, you are exercising two very different properties of the nerves: in feeling the piece of money, an impression is propagated from the finger ends to the sensorium; whilst every corresponding motion of the finger to touch, or turn, or to take hold of that piece of money, is the operation of a different cord of nerve. If you will grant me this, I shall not detain you with a vain inquiry where or how the sensorial extremities of these sentient and muscular nerves are combined. I have here before you the nerves of the horse's head.—(Mr. Bell gave a short demonstration of the course of the fifth pair of nerves going through the bones, and coming out in three branches on the face; and of the portio dura or facial nerve, coming out at the stylo mastoid foramen, and diverging to all the side of the face, to the same parts which were supplied with branches of the fifth.)—Gentlemen, I have not to boast that I made these experiments without any expectation of the result: on the contrary, I have stated to you, that on the root of the portio dura there is no ganglion; and that I was, therefore, desirous of ascertaining if this were a muscular and respiratory nerve. The animal being thrown, and his nostrils a little compressed, so that he was blown and breathing hard—in that moment the portio dura was divided, and instantly the motion of the nostril ceased. Now knowing how bountifully the muscles of the nostrils are supplied with branches of the fifth pair, I saw at once all the curious results of this experiment. You may believe I was not long of reversing the experiment—cutting the fifth, and letting the seventh remain entire. The effect was not the less satisfactory, because no apparent consequence resulted; for the animal continued to blow and dilate his nostrils, the motion not being in the slightest

degree impeded. It was natural to inquire, since the parts had not been deprived of motion, if they had been deprived of sensation: on pricking the lips and nostrils, the animal gave not the slightest sign of sensibility. I formerly stated to you the gratification it gave me to find that a ganglionic nerve was the organ of sensibility; and that a nerve without a ganglion ministered to muscular motion. I need not detail the experiments by which it was discovered that all the sensibility of the external and internal parts of the head resulted from the fifth; and that the motions, not of the nostrils only, but of the lips and eye-lids, resulted from the seventh.

When the muscular nerve was cut, the animal, in feeding, was deprived of the power of gathering the oats; but so was it also deprived by cutting the fifth. This circumstance would have thrown us into confusion, unless the very distinct properties of the nerves had been previously ascertained. Reason told us, that the animal, in the act of gathering the oats from the hand, feels them; and under the influence of that impression, directs the movements of the lips. If the muscular nerve be cut, the power of moving the lips is gone; if the fifth be cut, sensibility is lost, and consequently the knowledge by which the moving power is to be directed. And here we have the proof of what I mentioned, that, when feeling for the money in your pocket, two distinct functions of the nerves are exercised. In such a familiar action as taking a morsel between the lips, or a piece of money between the fingers, you must feel as well as act. But in the face, I call it a happy circumstance, that, by the peculiar course of the two nerves to a part, we can ascertain that these are qualities of distinct nerves: whilst in the hand, it is only by force of reason we conclude that the filaments, constituting the radial or ulnar nerves, possess these distinct powers, resulting from their different origins, from the columns of the spinal marrow.

We now looked for instances in the human body to confirm these experiments upon brutes. One of the earliest, and I may be permitted to say, the pleasantest, offered in the following. A gentleman, distinguished by his literary attainments, under a sudden and severe pang of the tooth-ache, had a grinder of the lower jaw awkwardly

drawn; and when he took the tumbler of water to rinse his mouth, he said, sharply, "why have you given me a broken glass?" but, to his astonishment, he found that the glass was whole. You will go before me here, for you must understand what had happened. You see this third division of the trigeminus or fifth taking its course in the canal under the teeth in the lower jaw, and coming out here, at the mental foramen, to supply the lip: from which course it is called *mandibula-labralis*: this branch then, this sensitive nerve of the lip, had been torn by the injury of the bone, and exactly one half of the lip was deprived of sensation. When he put the glass to his lip, on the half where the nerve was entire, he felt the glass, but on the half where the nerve was destroyed, he had no sensation: having a perception of the want of feeling, he conceived that a bit was broken out of the glass. To this day he is jealous at meals, lest some portion of the food may be lodged upon the lip without producing sensation, and he applies his napkin twenty times for once that is necessary. This gentleman never had any difficulty in speaking, or moving his lips, because, as you perceive, the *portio dura*, taking its course externally, was not affected by the injury to the jaw bone.

I have had several patients deprived of sensibility upon one side of the tongue and mouth without loss of muscular action. And here again we perceive how necessary sensation is for regulating motion; for in these patients portions of the food sometimes lay betwixt the gums and the cheek until putrefaction absolutely took place, and they became offensive to another sense.

When you look to this drawing of the nerves of the face in man, you observe here a subdivision of the branches of the *portio dura* going to the forehead, and to the muscles of the eye-brow particularly. The following circumstances you may imagine were not lost upon me. In one gentleman a suppuration took place anterior to the ear. The effect was an immobility of one side of the forehead; and, as he was a man of great liveliness and expression of countenance, it had a singular effect, since the other side of the forehead was alternately furrowed and smoothed, and the eye-brow raised and depressed, in natural correspondence with the

animation of his discourse; whilst the side injured by the suppuration remained motionless. In a patient with *tic douloureux* in his forehead, I cut the frontal division of the ophthalmic nerve, as it turns over the notch, a branch, you remember, of the fifth: the motion of the forehead and eye-brow remained unaffected. These things recurred to my recollection, when by experiments I had found the distinctions between the nerves.

In repeating the experiments on the *portio dura* upon the face of the dog, the eye-lids remained open, and the play of the eye-lids to moisten the eye being defective, the eye became inflamed and purulent. The same I found to take place in those patients who had lost the motions of the eye-lids by the affection of the *portio dura*.

The *portio dura* being the muscular nerve of the eye-lids, the question is still asked, what has a respiratory nerve to do with the eye-lids? I shall not, therefore, let the present occasion pass without demonstrating this. It is pleasing to find nature provident of us in a manner that our ingenuity has not anticipated. You do not consider, for example, that the eye, from its extreme delicacy of structure, must be protected during the violent exercise of the respiratory organs. Consider what is the condition of a person in a violent fit of coughing, when the blood is forced into the head, or in the act of sneezing, when the shock is even more considerable. I need not tell you how the brain is protected against such inequalities in the circulation as are thus produced. Now as the eye is next in delicacy to the brain, so must it likewise be protected; and this is done through the influence of the *portio dura* exciting the muscles of the eye-lids to compress the eye, at the moment of each convulsive and powerful operation of the respiratory muscles. For at that instant of time, when the blood, by coughing or sneezing, is driven powerfully into the head, and into the eye consequently, the eyelids contract and compress the eye-ball, sustaining it against the impulse of the blood through its vessels. Now you may doubt the reasoning, but you must not deny the fact. You have perceived in sneezing, sparks of fire, as it were, before the eyes; and indeed the notion entertained is, that this effect proceeds from the forcing of the blood into the retina.

But it is not so; if, in the act of sneezing, you raise the eye-lids with your fingers, you will find that there is no such effect as this produced; and you will find that it is the sudden action of the eye-lids upon the eye-balls which produces the appearance of fire in the eye: just as you may, at any time, produce the effect by closing the eye and gently tapping it. The effect may be shown in another way; when a child is screaming in passion, and when the face is flushed and turgid with blood, you know well that the eye-lids are shut and compressed. You find, if you have at any time to examine a child with an inflamed eye, and the child is crying, that when you forcibly open the eye-lids and take off the pressure from the eye, the *adnata* is in an instant suffused and protruding.

The next class of cases exhibits the eye-ball insensible, and yet the vision and the motion both of the iris and of the eye-lids perfect. Although I have had several cases since, yet I like to refer to the first, communicated to me by Mr. Crampton, of Dublin.

A young lady alarmed her parents by saying to them that her eye was dead. It proved that she had discovered a singular insensibility in the surface of the eye; so that although she saw perfectly, and could move her eye-lids, yet the surface of the eye was so entirely insensible that it could be touched without producing winking; and this insensibility extended to all the surfaces supplied by the ophthalmic branches of the fifth.

We have stated how the surface of the eye becomes inflamed through the want of motion in the eye-lid, and now we can understand, how permanent loss of sensibility will also produce inflammation; for the sensibility is bestowed as much for the protection of the eyes as the motion of the eye-lids themselves. It is from the sensibility, that any thing touching the eye brings on the protecting actions of the eye-lids to brush away the cause of the injury: but if the perception of the injury is not communicated to the sensorium, the eye-lids remain open: the irritation to the eye is permanent, and inflammation arises. It is a singular thing to see, what I have often exhibited on going round the hospital, the scarification of an eye in this condition, and the patient quite insensible the while, and the eye-lids

not excited, although the blood is flowing upon the cheek.

On reviewing this subject as it regards the eye, we perceive how the loss of the nerves of motion, and the nerves of sensibility, although essentially distinct in their operations, have ultimately the same effect in inflaming the eye: the one by directly impairing the protecting motions, and the other by depriving the parts of that sensibility which excites the protecting motion. On the whole, we see the necessity of diligently studying the functions of the part before pretending to assign effects to the division or injury of the nerves*.

I have often reflected on this circumstance as very singular, that the nerves of the face have been frequently cut for the *tic douloureux* within the last few years, and wounds and diseases have destroyed these nerves of the face, and yet a suspicion of the distinct functions of the nerves has never been entertained. Nothing, in my opinion, can more satisfactorily prove the importance of anatomy, and our utter incompetence to observe the most common signs in the living body, unless we comprehend the structure and the functions of the parts affected. The highest men of our profession have cut the branches of the fifth upon the cheek and upon the forehead; some have even cut the *portio dura*. One gentleman made seven cuts upon the face, besides some smaller ones: and what are these but experiments without a previous conception of their effect?—and behold the consequences. We might have been cutting on for years to come; sometimes benumbing the face by the division of a nerve, sometimes paralyzing it, twisting it into ludicrous distortion, and taking all this as a matter of chance, had not the anatomy taught us to arrange these facts in an intelligible manner. I do not mean to exclude myself from the number of those who have done these things without understanding the issue. Lest any gentleman here might think himself reflected on by such allusions, the last instance I will present to you, was attended by my brother, Mr. John Bell. A gentle-

man came into my room with the most lamentable paralysis of one side of his face; the integuments hung down like a dead mass; the eye-brow, eye-lid, nostril, mouth, and cheek, were immovable, or only drawn by the activity of the opposite side of the face. This paralysis had been produced by a blow, which stunned him, and caused bleeding from the ear of the affected side. In the morning, when he awoke from his state of insensibility, his face presented this remarkable distortion; and in the course of many months, there had not been the slightest amendment. "I come to you," says this gentleman to me, "because I met your brother in Italy, some time before his death: and I am in hopes you will be able to accomplish what he proposed—to cure me by an operation." Accustomed as I have ever been to put confidence in the singular ingenuity of my brother, I was totally at a loss to conceive what operation had been contemplated; until, in the course of conversation, this gentleman talked of making three distinct incisions on the face. It now occurred to me, that my brother had entertained the notion of balancing the features by debilitating the muscular action on the side opposite to that which was paralytic, by dividing the three branches of the fifth, trusting, as others have done up to the present time, to the influence of the other remaining nerve—the *portio dura*. From such an operation, this singular consequence would have resulted: the gentleman would have lost the sensibility upon one side of his face, while, by the original injury of the *portio dura*, the other was deprived of motion. But a worse effect still would have come from cutting the branches of the *portio dura*, had that been contemplated by my brother: the eyes would have remained open, the nostrils rendered motionless, and the sense of smelling much diminished, if not lost: articulation, as far as it regards the lips, would also have been lost, and the food and the saliva would have dropped from the mouth.

It was lately proposed to me, in consultation, to divide the *portio dura*. A gentleman being affected with that very common sardonic twitching of the face, was so distressed with the effect of it, that he was ready to submit to any thing. By this operation I should have effectually stopped his grinning;

* We here omit the notes we have taken on the rolling motion of the eye-ball, because in a clinical lecture of the succeeding week, the subject was again taken up by Mr. Bell, whilst the phenomena themselves were exhibited in the case of Daniel Quick, at the Middlesex Hospital.

but here the remedy would have been worse than the disease: he would have had paralysis in all the corresponding parts of the face, attended with the imperfection of speech, and perhaps the loss of his eye.

Before concluding, I shall once more revert to the hurried attempts at anticipation made in the intervals of the publication of my papers. After the appearance of the first, on these nerves of the face, an attempt was made, out of similar experiments, to show that the fifth nerve was the nerve of sense, and the portio dura the nerve of voluntary motion; thus obscuring the subject, by throwing out of the question those instinctive motions performed through the portio dura during a state of insensibility and loss of voluntary power; and also neglecting the curious fact, that the fifth was not only a nerve of sense, but of mastication, as far as that action was independent of respiration. It did not appear to me that any thing was necessary to correct this view; but my friend thought it proper to perform the following experiments:—The first was to divide the fifth pair of nerves as they came out from the base of the skull in the ass: the immediate effect was the dropping of the jaw. The second experiment was also upon the ass: at the moment the animal had expired, the third division of the fifth was exposed in the speno-maxillary fissure, and pinching it with the galvanic forceps, the jaw was in the instant closed, and the gentleman, who held the teeth apart with his fingers, had them severely checked.

[To be continued.]

MEDICAL STATISTICS.

Abstract of Lectures, delivered at the College of Physicians,

By DR. BISSET HAWKINS.

STATISTICS, a science of modern origin, seems to have been first applied to observations on the public health, and to have derived its birth from bills of mortality. It has become the key to several branches of knowledge, opening, in a manner the most convincing, simple, and summary, their gradual progress, their actual condition, their relations to

each other, the success which they have attained, or the deficiencies which remain to be supplied. Its application to the objects of government has created political economy; and there is reason to believe, that a careful cultivation of it, in reference to the natural history of man, in health and disease, would materially assist the completion of a philosophy of medicine, by pointing out to physicians of every part of the world the comparative merits of various modes of practice, the history of disease in different ages and countries, the increase and decrease of particular maladies, the tendency of certain situations, professions, or modes of life, to protect or to expose; and, finally, by indicating, as the basis of prognosis, the extended tabular views of the duration and termination of illness, which are furnished at successive periods by the registers of hospitals.

It is more than probable, that if the doctrines of Brown had been universally subjected to the test of statistics, they would never have obtained so baneful an influence over the practice of continental Europe. Peter and Joseph Frank, two eminent German physicians of that period, eagerly adopted at first the ideas of Brown; but candidly recanted their error, after witnessing the results on a large scale, at the Clinical Institutions of which they were professors.

The same test may at present be advantageously applied to the opinions of M. Broussais, who is now the chief oracle of medical theory in France. It is well known that he imagines every where a gastro-enteritis, and that his principal remedy is the application of leeches. In the prospectus of his Journal he asserts that his practice has a prodigious success; and that in the hospitals, where it has been adopted, the mortality has fallen from 1 in 5 to 1 in 30. But examination of the registers of the Val de Grace (the military hospital to which he is attached) has ascertained that, on an average of five years, he has been uniformly less fortunate than his brethren at the same establishment. The mortality has been 1 in 18 under his three colleagues, while that of his own patients has been 1 in 13; and so far is the mortality of his own cases from incurring a gradual diminution, that, from 1816 to 1819, it had rather increased, being, in 1817,

1 in 14; in 1818, 1 in 12; and in 1819, so much as 1 in 8, a very large sum for a military hospital.

Medical statistics afford the easiest proof of the efficacy of medicine in opposition to the vulgar notion (sometimes carelessly countenanced by medical men), that nature is generally alone sufficient for the cure of disease, and that art as frequently impedes as accelerates her course. If we form a statistical comparison of fever treated by art, with the results of fever consigned to the care of nature, we shall derive an indisputable argument in favour of our profession. Of 37 cases of fever, treated by Hippocrates (in only a few of which it seems that clysters and suppositories were alone employed), 21 ended in death—above half of the whole. But at the Fever Hospital of London, in 1825, the total mortality was less than 1 in 7, although half the deaths occurred within 72 hours after admission. At the Dublin Fever Hospital, the average loss from 1804 to 1812, was only 1 in 12; and in the Clinical Wards at Edinburgh, in 1818, the mortality of fever was also about 1 in 12. This termination throws no shade over the skill of Hippocrates, but rather brings to light his love of truth; the mortality belonged to the age, and not to the physician; and it may be reasonably inferred, that under other practitioners of his time it was even more severe. We perceive that 1 out of 2 cases of fever may recover by the almost unaided efforts of nature; but that, under the medical protection of our own age and country, 6 out of 7, or even 11 out of 12, are likely to survive.

Medical statistics enable us to form the most correct estimate of the influence of certain mechanical improvements in promoting the salubrity of particular districts.

No documents remain to inform us of the rate of mortality, or of longevity, amongst the Greeks. A few facts on these points have descended respecting the Romans. The *expectation* of life calculated for the citizens, and not including the slaves, appears to have been in the third century 30 years. If we select subjects in England of a similar condition, an extension of life discloses itself remarkably in our favour, as the expectation of life for our middle classes is at least 50 years; and for the whole mass of Britain at least 45 years. The

mean duration of life among the easy classes of Paris is 42 years. The probability of life to the *whole* population of Florence is the same in the present century as that of the *easy* classes of Rome in the third century.

The observances of the christian religion appear to have revived in modern times the registry of births and burials. At Geneva good mortuary tables have been preserved since 1560, and the results are in the highest degree curious and satisfactory. It seems that, at the time of the reformation, half the children born did not reach 6 years of age; at present they attain to 28, so that in the course of about 300 years, the probable life of a native of Geneva is become nearly five times greater than before. The mean life was thus in one century 18 years; in the next, 23; in the following one, 32; and during the ten years from 1815 to 1826, the mean life amounts to 36 years.

Captain John Graunt, of London, has the honour of being the first writer who ever directed the attention of the world to the comparative births and deaths of different cities, years, seasons, sexes, diseases,—of the town and of the country,—and to the proportion of births to deaths. In his “*Natural and Political Observations upon Bills of Mortality*,” printed in 1661, he displays a singular genius for observation in a field where no footstep can be traced before his own. The most industrious labourer who followed him, in the same mine, was Süßmilch, who published at Berlin, in 1742, his “*Göttliche Ordnung*.” The gradual accumulation of registers in the principal states of Europe had prepared for him a copious stock of materials; but the fruit was not as yet sufficiently ripe to afford a valuable harvest. His object seems to have been rather to draw certain general conclusions which apply to the whole civilized mass of the globe, than to balance the comparative degrees in which various countries and cities enjoy, or are deficient in, health and longevity.

Süßmilch estimates the nearest average of mortality of all countries, (taking towns and villages together) as 1 in 36. Busching, a celebrated geographer, calculates it to be from 1 in 32 to 1 in 37. About eighty years have since elapsed, and a surprising improvement in the physical condition of man has progressively developed itself. In al-

most every civilized country of Europe we find the annual proportion of deaths considerably diminished, and continuing actually to diminish, relatively to the particular circumstances in which each country is placed; and, in Britain, the value of life is nearly doubled, if we compare Busching's rate of 1 in 32 with the rate afforded by the census (taken in 1821) of about 1 in 60.

Dr. Odier, of Geneva, in the 4th volume of the *Bibliothèque Britannique*; and Dr. Heberden, in his valuable "*Observations on the Increase and Decrease of different Diseases*," published in 1801,—appear to be the earliest authors who had the merit of revealing this improvement of life in their respective countries.

Sir Gilbert Blane, Mr. Rickman, Mr. Milne, and Mr. Finlaison, in England; Dr. Villermé, in France; and Dr. Casper, in Germany, have subsequently pursued with zeal the same path of inquiry, and have obtained conclusions the most interesting to human nature, because almost uniformly agreeing in its tendency to amelioration.

The mean duration of life to the middle classes of Britain appears to have been 37 years at the close of the 17th century, and to have risen to 52 years at the expiration of the 18th century. A corresponding change in the health and duration of life of our entire population has equally arrived.

In 1780 the annual mortality of England and Wales was 1 in 40.

In 1790 1 in 45.

In 1801 1 in 47.

In 1811 1 in 50, or 1 in 52.

In 1821 1 in 58, or 1 in 60.

So that, on the whole, it has decreased from 1 in 40 to 1 in 58, in forty years.

The annual mortality of the several counties of England ranges between 1 in 47 and 1 in 72;—Middlesex and Sussex are the two extremes. In Wales, Pembrokeshire and Anglesey have only one death yearly among 83 individuals—the lowest genuine rate of mortality that has been published in any part of Europe. Even in Middlesex, where the rate is higher than in any other county, let us remark the change which has supervened in only ten years;—in 1811 it was 1 in 36, but in 1821 it was only 1 in 47.

But the decline of mortality is even more remarkable in our cities than in the rural districts. It is well known, that, in any given country, the deaths of

a city are more numerous than those of the rural districts. This difference is chiefly felt in the first five years of life, when many more die in London than in the country. From 5 years of age to 20, the deaths are fewer in London; from 20 to 50, more numerous, on account of the large annual influx from the country. In all cities, a portion of disease and death is to be assigned to the constant importation from the country of individuals who have attained to maturity—but, having been previously habituated to frequent exercise in a pure atmosphere, and to simple, regular diet, are gradually sacrificed to confined air, to sedentary occupations, or to a capricious and over-stimulating food. These causes are not equally fatal to those who have passed their early years within the walls of a city; and, after the age of 50, the proportion of deaths in London is smaller than in the country. Jenner, and, very recently, Dr. Baron, have made some experiments on animals, which indicate that a loss of open range, and accustomed nourishment, has with them also a tendency to disorganize and to destroy.

Not only the comparative mortality of London is greatly diminished during the last fifty years, but its absolute mortality in respect to preceding centuries. In 1697, the deaths were about 21,000; but in 1797, only 17,000. In 1826, the deaths were less numerous, by 3000, than in 1766; although, during all this time, the population has so rapidly multiplied. The annual mortality in 1700, was about 1 in 25. About 1720, it seems to have increased to 1 in 20; to have maintained that proportion to 1750, and, from that period to the present, to have exhibited a constant and gradual decline. In 1801, the decrease was to 1 in 35 (or, as corrected by Price, 1 in 30). In 1811, we find 1 in 38; and finally, in 1821, so low an average as 1 in 40.

From the returns of ninety-nine parishes of Scotland, which alone were given in the *Population Abstracts* of 1801, it appears that the average mortality was 1 in 56. I have not been able to ascertain how nearly Scotland has since kept pace with England and Wales. During the ten years, from 1801 to 1810, the average annual mortality of Glasgow was 1 in 43. During the next ten years, from 1811 to 1820, it declined to 1 in 45.

It would be interesting to derive some information from Ireland on this point; and we must regret that no correct parochial registers have been kept to elucidate the condition of that country.

On the continent of Europe, changes in the duration of life have been experienced, similar in nature, and following the same laws, as those of our own country, but very inferior in degree. In France, for instance, the annual deaths were, in 1781, 1 in 29; in 1802, 1 in 30; in 1823, 1 in 40. In Paris, about the middle of last century, the mortality was 1 in 25; but, at present, it has decreased to 1 in 32.

In Sweden, from 1755 to 1775, the average was 1 in 35; from 1775 to 1795, 1 in 37; in 1823, 1 in 48.

The mortality of Great Britain, its cities and its hospitals, appears greatly inferior to that of any other country in Europe; and it seems incontestible that Great Britain is the most healthy country with which we are acquainted, and that it has been gradually tending towards that point during the last fifty years. It has been long the fashion, both abroad and at home, to exhaust every variety of reproach on the climate of our country, and particularly on the atmosphere of London; and yet we shall find that the most favoured spots in Europe, the places which have been long selected as the resort of invalids and the fountains of health, are far more fatal to life than even our great metropolis. The proportion of deaths at Montpellier was greater thirty years ago, and is greater at present, than in London; and, although it is usually much larger in cities than in provinces, yet it is exactly the same in London, and for the department of the Herault, the southern, fertile, and long-supposed most salubrious district of France, of which Montpellier is the capital. The annual mortality of Nice is about 1 in 31; of Naples, 1 in 28; of Leghorn, 1 in 35.

At Berlin, it is 1 in 34; Paris, Lyons, Strasburg, Barcelona, 1 in 32; Madrid, 1 in 29; Vienna, 1 in 26; Rome, 1 in 25; Amsterdam, 1 in 24.

If we compare country with country, our superiority is equally striking. The country which approaches most nearly to us is the Pays de Vaud, where the annual deaths are 1 in 49; in Sweden and Holland, 1 in 48; in Russia, about 1 in 41; in France, 1 in 40; in Prussia and Naples, 1 in 33 to 1 in 35; in Wirtemberg, 1 in 33.

ON THE
APPLICATION OF MERCURY TO
VENEREAL COMPLAINTS.

By S. D. BROUGHTON, Esq.

To the Editor of the London Medical Gazette.

SIR,

IF the following very small and humble addition to the mass of evidence and argument already before the public, in various works, can be considered in any way tending to correct an erroneous principle of practice, singularly prevalent in the present improved state of surgical science, it cannot be more advantageously placed than in the columns of the Medical Gazette, the weekly receptacle of reports and criticisms of a strictly fair, sound, and authentic character, and on which the profession and the public may safely rely.

Usually a mine of prejudice has been ready to explode when any *antimercurial* doctrines have been broached; and in attempting to disturb theories sanctioned by age, and rendered orthodox from ancestral experience, the curse of modern heresy often attaches itself to the avower of that which many regard rather in the light of rash innovation than improvement.

I will not here dwell upon the oft-told tale of the origin and progress of lues venerea, and the *blessing* conferred upon suffering humanity by the introduction of a supposed *specific* check to its ravages, in the form of mercury. Both bane and antidote have gone hand in hand together, during more than three centuries; nor is it my purpose to repeat the several well-known efforts made, from time to time, to lay the offspring of impurity, by the substitution of milder measures than such as are afforded by extensive and long-continued mercurial applications. These efforts have, indeed, generally fallen in time into disrepute, and the old remedy has been fondly and pertinaciously adhered to: the public has been taught to distrust the one, and to consider caution, safety, and security, as the sure recommendation of the other.

I cannot glance at these successive efforts without offering a remark (with which, I believe, well-informed, experienced, and judicious practitioners, will generally coincide), that Mr. Rose's late introduction of an antimercurial

treatment (though some, perhaps, may consider it as a failure) is one of the greatest improvements in modern surgery, has made the most general impression, and imparted the most useful direction to practice, of which the pathology of the present century can boast. I also consider Mr. Rose's doctrines to be further valuable, upon the ground that they do not inculcate the necessity of hunting after one specific remedy as a substitute for a discarded specific; but that they tend, on the contrary, to lessen the estimation so long cherished of a dogmatical practice, introducing in its place a pathological theory and remedial measures, built on a far more rational foundation.

These doctrines have guided my practice some years, and experience has taught me not to distrust their truth, safety, and value. I have not allowed myself to be scared by imaginary dangers and terrors into the adoption of an ancient dogma, too often followed upon the ground merely of *suspicion* and *probabilities*, when the alternative was the use of a powerful mineral—at the best more or less a positive evil—the ultimate mischief of which, past and present history shew to have been, and still is daily being, confounded with the effects of venereal poison, sometimes extending beyond calculation and the chance of recovery, from its destructive ravages upon the constitution.

I aver that mercurial saturation tends to the destruction of mucous membranes, the removal, by morbid absorption, of soft parts, and the disorganization of the osseous substance*. The *mind*† itself has suffered, the constitution received a baneful impression, and pulmonary consumption‡ has not

unfrequently terminated the patient's earthly career, when the system has undergone mercurial saturation; while the wretched victim of imbecility, or imprudent rashness, has been commonly reported (with ill-timed levity) to have died of "*the breeches fever*." Is it not better that we should

"—— rather bear those ills we have,
Than fly to others that we know not of?"

I do not, however, contend for the entire abolition of mercury in venereal complaints; like the abolition of slavery, it must be done with care and caution, from regard both to the moral and physical constitution.

Though "custom be the plague of wise men, and the idol of fools," the deep-rooted prejudices which it implants require gradual steps to eradicate them; and there may occur certain cases wherein a *judicious* application of mercury will be serviceable and inoffensive. But Mr. Rose's mass of evidence has shewn how easily we may wean ourselves of the practice, and that the suspension of the mercurial plan is a bug-bear, the fear of which has intimidated too much, and been carried unnecessarily far. At the same time it appears to me, that the adoption of mercurial remedies is more frequently the act of temerity than is its rejection, at least as it is frequently applied. And I trust it is not extravagant to believe that *Mercury* is often more to blame than *Venus*, or that the destroying sword of the *god* does more execution than the insidious blandishments of the *goddess*.

These remarks have been elicited, not only from having repeatedly observed the safety of an antimercurial practice, but also the frequent terrible consequences of the contrary method; consequences which I do not hesitate to declare sometimes far, very far, exceed what it is possible to conceive from the progressive steps of venereal taint in the constitution. Then is mercury so mild and safe a remedy in its action that it may be indiscriminately used in *all cases of suspicious sexual intercourse*? Independently of otherwise removing the complaint possibly, even if suspicion be justly formed, is no time to be allowed to give the disease fair play, and declare its nature and cha-

* A young gentleman went through a full course of mercury: symptoms of phthisis pulmonalis followed repeated inflammatory attacks of the chest, and several deep holes were formed in the forehead, in the manner called *coronaveris*, but more properly should be *corona mercurii*. This patient did not die, but his head is marked, his constitution debilitated, and he is liable to sore throat and acute catarrhal affections, and has been obliged to pass much time in the South of Europe, to the detriment of his professional advancement in his own country.

† The brother of a fellow-student of the author, constitutionally strumous, went through a full course of mercury, and in a few weeks he was placed in a private madhouse.

‡ A respectable unmarried tradesman, in the city, 30 years of age, went through a full mercurial course. Impaired digestion, irregular bowels, symptoms of phthisis pulmonalis, and diarrhoea, followed. He was removed to the sea-side, and there died of hydrothorax, &c.

A young nobleman used mercury to a very con-

siderable extent. Consumptive symptoms, &c. ensued, he was sent to the South of Europe, and there died.

racter? Is no account to be taken of the many little constitutional and local circumstances which aggravate an excoriation, ulcer, or bubo,—or produce some cutaneous eruption, easily removed by a little patient care and judicious treatment, without saturating the system with mercurial ointment and pills? Yet such is a very common practice, especially with *general practitioners*; so that amongst high and low, rich and poor, a *sufficient course of mercury* is generally recommended to the patient; and he must get out of the scrape as well as he can—if matters go wrong, by aid of sarsaparilla, the sea-side, mild climate, &c. &c. Then, sometimes, it is thought, the *poison lurks in his bones*, or his throat (perhaps extensively ulcerated) shews that *he has not had a sufficient quantity to destroy the venom, and therefore a little more mercury will do for him* (and quickly, too, in a scrophulous habit), *when Nice or Naples will, probably, set him to rights again, and restore his constitution*; and if it does, he may esteem himself very lucky to return with a sound skin and whole bones, &c.

Now these are not imaginary cases, and were it necessary, which it is not, a multitude of instances might be cited in proof, many of which have passed under my personal observation. Many cases might be shewn to have done very well without mercury; many in which this remedy was totally unnecessary, though not, perhaps, injurious to the health; and many in which the abuse of mercury has produced distressing and protracted mischief, and, in some instances, ultimate dissolution, from a train of superinduced disorders.

On the other hand, few, I believe, if any cases can be authenticated, in which the venereal disease (as it is termed), when left to itself, has produced any such consequences as those to which I have alluded above, without the aid of mercury.

The common *cant* is to attribute cases which get well without mercury, to what is called *pseudo-syphilis*, a term which is perfectly gratuitous.

Those whose prejudices are invincible, believe that all cases healed without mercury cannot have been venereal. With the example of Portugal before us, and some other countries, and the long trial which Mr. Rose gave the antimercurial system, I conceive such

inferences to be wholly unwarranted. I have taken about *three hundred and fifty* recorded cases of ulcers of the penis, admitted and treated in the regimental hospital of the 2nd Life Guards, *one hundred and fifteen* of which appear to have used mercury in different forms and proportions, and for different periods of time; so that about *two hundred and thirty-five* cases of primary symptoms, following sexual intercourse, have been healed by other means than mercurial remedies, as well as many not in the list.

The number of secondary cases of symptoms following the primary venereal disorder during the same period, amounts to about *twenty-two out of three hundred and fifty*. And, upon following up the narratives of these, it appears, that the majority were generally simple cases of *lichen**, which got well without mercury, and in no long time. The greater part of those cases which were protracted, and attended with ulcers of the throat, pains of the limbs, nodes, &c. were originally treated with mercury in the hospital, and the rest shewed that mercury had been clandestinely procured at some period or other during the progress of the complaints. The simple cases of lichen, &c. were chiefly found amongst the men *not* treated with mercury, *while the most protracted and troublesome cases occurred with those who had been fully subjected to its operation*†. Since the use of mercurial saturation has been suspended, no cases have occurred to throw any distrust upon the propriety of the practice; and the few cases of secondary symptoms were generally mild and trifling compared with those

* The following case may serve as an example of these in a healthy constitution, wherein no morbid diathesis or casualty modifies the symptoms. E. M. a private soldier, was admitted, August 10, 1827, with a deep sore on one side of the glans penis, following recent connexion. He was put upon low diet, and saline aperients; and the sore dressed with lint, dipped in the *lotio nigra*. In 3 weeks the sore was completely healed. Three weeks afterwards, an eruption (like *lichen*) covered his body, without preceding fever. This was September 9. He took *Sarsaparilla*, and on the 27th he was discharged to his duty perfectly cured. In some of these cases small doses of the oxymuriate of mercury have been combined with the sarsaparilla, when the case assumed a chronic form, and did not become quickly cured; but in most cases it was not used, and in none but in a very small degree.

† And such I have always found to be the case elsewhere.

which followed mercurial treatment, and readily yielded without mercury.

I do not pretend to enter upon any nice discriminations of practice, or to draw a line between cases requiring and cases not requiring mercury, nor to describe such as mercury will aggravate. Indeed, I am aware of no satisfactory rules to guide the practitioner in this respect, but those which he himself derives from a sound judgment and experience. I wish merely to assist in establishing the fact, that venereal sores admit of treatment without mercury and without cause of alarm; the secondary evils of mercury being usually far more destructive than those which arise from venereal taint, and that the one case is often mistaken for the other. Consequently, it appears to me, that there is more security in omitting to push a mercurial course than in adopting it; that comparatively few cases occur requiring mercury; that the perils of mercury are sometimes manifold and terrible; that at all times it entails more or less personal inconvenience and annoyance, and frequently leads to a train of ultimate symptoms, from which erroneous inferences are made, and an useless, if not mischievous practice adopted, the effects of which cannot be foreseen, and their limits no man can calculate upon.

In my Dispensary practice I have had frequent occasion to observe the great danger of pushing a course of mercury, when the patient is not under the surgeon's control as to diet, temperature, &c. An error made in the treatment of sores on the penis with persons going about, and exposed to sudden changes of temperature, to cold winds, or wet, is too often irretrievable. The labouring classes in London, perhaps not living on the best diet, nor possessing sound constitutions, exhibit frightful examples of the imprudent use of mercury; the effects of which, from some cause or other best known to themselves, there are practitioners (chiefly in private practice) who are constantly disposed to attribute to syphilitic action and deficient mercurial saturation. This propensity, indeed, I remember once to have heard very satisfactorily accounted for in a medical debating society, by a candid avowal, that if the antimercurial mania continued to spread, "*it would be ruin to the apothecaries and general practi-*

tioners. Therefore, the inference drawn from this *liberal* sentiment was, that it is better to be on the *SAFE* side, and not to hazard the adoption of modern heretical opinions against the "*wisdom and experience of our ancestors**."

[To be continued.]

ESSENCE OF SENNA.

To the Editor of the London Medical Gazette.

SIR,

ABOUT a year and a half ago, there was invented by Mr. James Bass, chemist, of New Bond Street, a preparation called "*Essence of Senna*," in which, by a process of his own contriving, the medical powers of senna are so concentrated that one fluid drachm, added to seven drachms of water, equals in strength one ounce of the compound infusion of senna of the London pharmacopœia.

The advantages which this essence of senna possesses over the infusion, are, I think, very considerable: first, it is always ready for use, whereas the infusion cannot be properly prepared under one hour; secondly, it will keep any length of time, (from containing a quantity of spirit) while the infusion is quickly spoiled by fermenting, particularly in hot weather; thirdly, it may be used without waste, while making the infusion is attended with considerable waste, owing to the portion of it which is unavoidably absorbed by the leaves. As the essence also comprises the strength of the infusion of senna in one eighth of its bulk, it can be readily added to any prescription where a laxative is wanted.

From my own experience, and that of several of my medical friends, I can vouch for the certain, and uniform, cathartic powers of this preparation; and I may also notice, that I have never found it to occasion griping.

Should you, Sir, consider this communication worthy of insertion in the Medical Gazette, I shall be very glad to see the attention of the profession drawn, through so honourable a channel,

* It is, however, to be hoped, that the gentleman who avowed this motive was as much in joke as the wag who declared that the first standing toast at the College of Physicians dinners was always, "*a slow fever*," with three times three!

to a preparation that I feel convinced will be found to possess several important advantages.

I have the honour to be,

Sir,

Your obedient servant,
W. BAKER, M.D.

London, April 1828.

STATE OF MEDICAL LITERATURE.

To the Editor of the London Medical Gazette.

SIR,

At a time when an evil report is spreading against our profession,—when we are suffering by the disunion of our strength, as well as by “the separate loss of personal reputation,” which every man sustains when his character and conduct are frequently held forth in odious and contemptible colours,—when some false and insidious author of a periodical paper “sees the fruit of his dishonest industry ripen beyond his hopes, and rejoices in the promise of a banquet, only delicious to such an appetite as his own;”—at such a time, shall I be deemed impertinent in offering the following for your perusal, and, if you consider it worthy, for insertion in the pages of your journal? I think not.

Life is the peculiar study of a medical man. From the hour of birth to that of death, it is his to watch the vicissitudes of the existence, and to be called upon for relief or support during the sickness and care, the oppression and want, of his fellow-creatures; sometimes to combat with malignant and infectious diseases, and not unfrequently to sooth the anguish of grief or the poignancy of affliction; while he voluntarily risks his reputation, and interrupts his own social comforts, often without any other reward than that of doing his duty. Harassed, perplexed, and baffled, he exerts his judgment in applying the means of cure, till at last he may be forced to abandon even the hopes of alleviating pain, if not to repent of having done that which, perhaps, may have fostered the disease. Notwithstanding, his failure is ascribed to him as a fault, and, uncharitable as it may appear, the time is at length arrived when it is published abroad to his shame, and his principles, and even the common failings of his nature, are ridi-

culed and lampooned. But where is the man, who, after a long and comparatively successful practice, can conscientiously say—“My efforts have been always effectual, and my remedies have never failed?” To suppose any medical practitioner, however high, or however gifted, incapable of error, is to presuppose the perfection of human intellect and reason, which all know is absurd. He, like all other men, is weak; yet his errors are, I imagine, not more productive of individual suffering, or of final misery, than many others which are so carelessly disregarded, and so thoughtlessly indulged in. The medical man must be perfect in the public opinion, or he is nothing worth; and if, on examining into his character and principles of action, he sink below their imaginary standard of excellence, they start with horror when they find him faulty. There is, however, this consolation left to him—to act according to the strictest rules, whether moral or professional; and then, though an unhappy event may lessen his credit with a family—or a fatal error, wickedly published abroad, may for a time blight his reputation, he can lay his head in peace upon his pillow, and thank Heaven he has done his duty. This consolation, forlorn and solitary as it is, can never fail him; and so long as he is fully persuaded that a superior reputation is to be attained to under the influence only of superior virtue and industry, he may still press forward, and, according to the degree and force of his abilities and acquirements, must most assuredly gain respectability, distinction, or honour, though his path may have been steep and rugged, and though his actions may have been scanned with too curious and unfriendly an eye. This is no sophistry, nor romantic morality; for when we see the heads and orders of our profession dragged forward, and held up in idle mockery to the world, can we sit quiet? Are we not bound, as men, to maintain whatever is wise and good, against whatever is false and evil?

Among some of the desultory readers of medical periodicals, there is, I fear, a relish of what is called satire—I dare not say an aptitude to slander. The reasonable wish of being liberal, and of thinking impartially, often misleads us; though we should carefully remember that impartiality is not manifested by

abuse, nor is abuse true satire. Satire, that sacred power, under whose banners have enlisted themselves some of the choicest spirits the world ever beheld, is *not* abuse! When I mention the names of Lucilius, Juvenal, Persius, Horace—all must feel that this is true; and, when we descend nearer to our own times, all will admit, that with the names of Boileau, Dryden, Pope, is associated “every thing that is truly sensible, inflexibly virtuous, and independently spirited; every thing that is abhorrent of profaneness and indecency.” These were the master-spirits of the ages in which they lived. Yet I shrewdly suspect, that the satirist never rose up a better man from his best productions; so soon and insensibly does the task degenerate into the habit of detecting errors and judging harshly. But when we turn from these to the ephemeral and contemptible lampoon, full of conceit and forced thought, with all its vulgar trash of caricature and matter for coarse laughter;—when we consider that this falls into the hands of youth, ever ready as we are, at that age, to censure others; when we know that this is often read, and, we may suspect, sometimes admired by the crowd; when we are informed that all this is circulated throughout the British dominions;—surely we may begin to fear that the practice of doing right is being vitiated, or destroyed, when the *principle* is thus openly defied.

In this strain my thoughts run into the words of a political writer, who boldly, and, as I think, justly asserts, that “Literature, well or ill conducted, is the great engine by which every civilized state must be ultimately supported or overthrown*,”—and I cannot but shudder to reflect, that, if medical literature, as it most assuredly does, constitute a part of this mighty machine, how terrible must be its effect under the guidance of a foul-mouthed master! Medical literature is, as far as I can observe, undergoing a change; the press is teeming with works; periodicals are multiplying, while their good effect—and this can be only in the diffusion of wholesome, vigorous knowledge—is problematical. Information is arriving from every quarter; and some controlling power is demanded to direct aright the force of its operations.

The times, indeed, are unprecedented: learning is no longer confined within the courts of the palace, the chambers of the wealthy, or the cloisters of the college; the mechanic, the peasant, and the pauper, now read and study science and freedom on the mountain and by the way-side. And, truly, it were better for us, had benevolence sprung up with knowledge.

In writing thus, I mean not to screen folly, nor to pander to vice, by attaching myself to any party; nor do I care if I am thought vain in publicly acknowledging myself the author of these opinions. If others may with impunity publish periodical lampoons and evil accusations, shall *I* be censured for raising my voice, small and feeble as it is, in declaring that, whilst we have the strength and the opportunity, we are bound not to desert the standard of benevolence? But so it is: whether it be a peculiarity of the age in which we live, or whether it be a failing common to the human heart, they alone are accused of vanity, prejudice, or hypocrisy, who dare to stand up in the defence of piety and virtue. Yet I *will* assert, that while our errors are published forth as the result of ignorance, or of wilfulness, and while by the crowd they are regarded almost as crimes, the true and beneficial exertions of our profession must be paralysed, because their issue must be always doubtful, and science must totter on its basis, and at length crumble to the dust: and this I may and will assert “in the full freedom of a Briton’s choice.” For, “engaged in the defence of an honourable cause, I would take a decisive part. I should scorn to provide a future retreat, or to keep terms with any man who preserves no measures with the public. I would pursue that man through life, and try the last exertion of my abilities to preserve the perishable infamy of his name, and make it immortal*.”

I am, Sir,

Your obedient and humble servant,

J. ANSLEY HINGESTON.

Finsbury Place South,
April 2, 1828.

* Vide Puz. Literat. 3rd Dial. Pref. et passim.

* Vide Junius, Lett. xxxvi.

PARISIAN NEWS.

To the Editor of the London Medical Gazette.

Paris, May 1, 1828.

SIR,

I HAVE been very busy since my arrival here in seeing the lions of this interesting metropolis; but as you are chiefly concerned with professional subjects, I shall confine myself to them in those letters which I intend to write to you during my stay. By this means I shall have an additional motive for zeal in my pursuits here, and I am not without hope that a faithful detail of what I witness may prove of some interest to you. At all events this idea will keep me on the *quivive*.

At first, it requires rather an exertion of energies, to get up at six o'clock in the morning to go to the hospitals; but after a few days, one gets reconciled to it, and it certainly has a great advantage, in leaving the rest of the day at your disposal. Pleasure is the sweeter for the business, I had almost said toil, which precedes it; and a *dejeuner à la fourchette* comes with double relish after two or three hours spent in walking—the hospitals.

You know that although I have not altogether disregarded the stethoscope, yet that I never have been much smitten with it; and, indeed, I have been especially doubtful of its utility in that very disease in which its powers have been most lauded—I mean phthisis. I thought, however, that I might possibly have been deaf to its praises, from being literally a little deaf, and therefore rather slow in making out the hundred-and-one different *rôles* which have been described. At all events, I was anxious to see the mode of its application, and, if possible, to determine the real extent of its utility in the place where it had been first and most assiduously cultivated. Accordingly, one of my first visits was to La Charité, where I found the wards of M. Lherminier actually half filled with patients labouring under pulmonary complaints. Indeed the proportion of these is very great in all the hospitals here; and such as to afford excellent opportunities of observation both from this circumstance and from the attention which has been directed to them since the "*belle méthode*" of Laennec has been in vogue. This unquestionably has a good effect,

for the young Frenchmen are certainly better pathologists in this respect, at least, than the English pupils: they give more attention to medical cases, especially diseases of the chest. Whatever appeals directly to the senses, saves much trouble in thinking; and I have always observed that few people like to think when they can get on without it. Now the stethoscope appears to me (mark, I do not say necessarily, but as generally used) to be liable to this objection, that it takes off the attention from the general condition of the patient and fixes it upon one particular circumstance, which is thus dwelt upon till it is magnified beyond its real importance. It is like endeavouring to ascertain the general expression of countenance by looking at a portion of the face through a microscope. I thought the French students more curious to know precisely the situation of the disease than interested in its treatment or result; indeed, they seem to think that the perfection of medicine consists not so much in keeping patients alive as in foretelling with precision the appearances which will be found after death. "What do you think is the matter with this patient?" said a young man who has acted as my Cicerone. "Phthisis," I replied. "Ah!" continued he, "but what part of the lungs is diseased?" After a few questions, I said, "he probably had a vomica in the upper part of the right lung:" "*ma foi, oui!*" was his rejoinder; "but can you put your finger on it?" I thought it better not to venture any farther, and fearing to stand longer on the defensive, I in turn assailed him with some inquiries concerning the treatment: about this he knew little, and cared less; asserting, that as every thing had been tried in phthisis, and nothing found useful, it was of very little consequence what was done; and, in truth, I do not find that this minute knowledge of diagnosis has in any degree improved the treatment or lessened the mortality. A few days after, however, we found that "every thing" had not been tried, as a M. Gannal, a chemist here, announced that he had discovered a very useful remedy in phthisis. You might guess long enough before you hit upon this same remedy;—something you will no doubt expect of a mild and un-irritating nature,—something not at all calculated to disturb what remains of

the lungs in their functions. What think you, then, of chlorine? If you have ever been amateur chemist enough to make the gases without the best apparatus in the world, you must have perceived the intolerable stifling sensation which gives you warning that the luting of your retort is leaky. However, M. Lherminier resolved to try it, for which purpose he selected a considerable number of phthisical patients, in the second stage of the complaint. Of course the chlorine which they breathed was in a very dilute state, but it was sufficient, after three or four days, to bring on a sense of constriction and burning heat in the chest; in a few days more the cough had become frequent, dry, and fatiguing, with increase of fever: and to cut the story short, in about a fortnight the patients were all so much worse that M. Lherminier prudently discontinued the farther employment of this *discovery*, which I presume has thus passed to the "tomb of all the Capulets."

Amid many points of difference between the medical institutions among us and our neighbours, none perhaps is more remarkable than with regard to the method of choosing physicians or surgeons to fill the vacancies which may occur at any of the hospitals. Among us, you know, it is a mere matter of interest, and he who has most friends, succeeds, whatever be his merits; but here it is managed differently. An election has been lately going on for an hospital surgeon, and there have been no less than eleven candidates;—the mode of conducting the business is this. Certain individuals whose standing and acquirements give weight to their authority, are appointed judges: they meet at the central bureau of hospitals, and the candidates are subjected to public examinations, both written and oral, by the result of which the judges profess to be, and I presume are, guided in their choice. The first of these I missed, but I was present at the second, at which six gentlemen were examined, the subject being determined by lot. This is done by drawing from an urn one of a number of slips of paper, on each of which a subject is written; that for the present occasion was *Cancer: to enumerate the various opinions concerning its nature: the cases in which an operation is practicable: those in which it ought to be avoided.*

The candidates were then called in succession, and gave their opinions on these subjects without any time being allowed for reflection. Judging merely from the figure that they cut on this occasion, these gentlemen were of very different capacities; two, in particular, treated the question systematically, and expressed themselves with great fluency—not to say volubility. I found on enquiry that they both lectured. Another dwelt more on cancer of the uterus than appeared to me quite necessary, and *he*, I found, had invented a *utero-tome*. It really appears to me difficult to say how far the respective fitness for the office they seek can fairly be judged of from these exhibitions, so much depends upon the previous habits and on the disposition of the individual: one poor fellow completely broke down, stammered, and then gave it up in despair, yet I am told he is a very intelligent and well-informed young man.

The others were examined a few days after—the subject drawn being "wounds and ligatures of arteries." This constituted a kind of text, on which each, in succession, pronounced an extemporaneous discourse; during which, some of them wandered a good deal, shewing as little ceremony towards the text itself, as—not to speak it profanely—we sometimes witness on more solemn occasions. A candidate may retire at any stage of the business; and on this occasion also, one availed himself of this privilege. The result of these examinations I do not yet know; but you shall hear what farther takes place.

Among other things, I have, of course, been to hear some of the lectures, and last Monday I was present when M. Andral, jun. commenced at once his career and his course at the *Ecole de Medecine*. The theatre was crowded, and among the rest I observed old Andral, who appeared much delighted with the reception of his son: it was flattering in the extreme, for he is a great favourite here, and very justly so. I allude, however, to his works, with which, of course, you are acquainted; not to his mode of lecturing, which is rather laboured, with too much gesture, and yet deficient in animation. This last, however, is a fault which no one can lay to the charge of another teacher whom I heard the other day—M. Lisfranc. This gentleman, though an expert sur-

geon, is rather jealous of those who presume to differ from him, and expresses his dissatisfaction in no measured terms—*scelerats, goinfres, seïds*, and other untranslatable epithets, being hurled without mercy against his supposed enemies; and as M. Lisfranc is one of those unfortunate persons who imagine that all the world is combined against them, these are very numerous. Some of his recent ebullitions have been caused by criticisms of his practice, published in the periodicals here; and it forms rather a curious speculation to imagine what the effects would have been had he been a London surgeon, and exposed to the obloquy of the *Lancet*. I rather think that, for once, the editor of that publication would have found his match, even in his own peculiar department of literature.

After this free account of M. Lisfranc's acquirements in the way of *nomenclature*, I cannot venture to let you give my real name, lest it should be associated with some epithet from his vocabulary; and I shall, therefore, sign this and my future letters,

VOYAGEUR.

MEDICAL GAZETTE.

Saturday, May 10, 1828.

“*Licet omnibus, licet etiam mihi, dignitatem Artis Medicæ tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso.*”—CICERO.

HOSPITAL REPORTING.

WHEN an evil becomes intolerable, it is high time to consider whether it be one that need be borne—whether that which, from the apparent difficulty of removing it, has been deemed irremediable, be indeed without a remedy—whether that which is exercising an insolent control be not an usurpation and encroachment which the injured party has a right, and which a little exertion will enable him to throw off. To incurable evils men make up their minds to submit quietly; and even to such as, though really removable, yet are so only

with the risk of incurring as great or greater, they yield with almost the same sort of resignation as to a law of nature. But no man of sane mind, or vigour of character, will submit to an annoyance which he finds, upon consideration, is not imperative, and which is not likely, upon being shaken off, to be followed by other, or even any inconvenience—and is, moreover, within the compass of a resolute effort or two to get rid of completely.—Such an evil is the system of reporting which was begun some years ago. It is intolerable; it is an usurpation injurious alike to the interests of the profession and of the public; but it is removable, and therefore ought to be removed. Our hospital physicians and surgeons are subjected to the tyranny of a tribunal, the jurisdiction of which has no legitimate or public sanction—which is self-erected—which is at once accuser, judge, and jury—which tries without a charge, and condemns without a hearing—and, in making its reports, is its own ‘recorder.’ They are brought under the surveillance of a police that would shame the worst days of Savary or Fouché. Professional reputation and skill are sacrificed to the determination of making a *selling* paper, by touching the sympathies of the public with tales of horror, or tickling their fancies with a laughable story.

The purpose of such reports has no characteristic of honesty about it: its object is not to communicate information—because the simplest statements would answer that purpose—but to *attract*; and where one reader attends to a dry record of facts, ten we know will be gained by *embellishings*—especially when these involve the character and conduct of eminent individuals. *Misrepresentation is the main-wheel of the machinery.* There is an ugly principle within us, that prompts us, too often, to sympathize with those who pull

down others to our own level ; but the man who basely ministers to such a propensity is a public nuisance, and ought to be exposed. There is evil enough in misrepresentation itself : it is, indeed, abominable in a state of civilization, where so many defences are thrown up for the protection of property, and ostensibly, too, for that of character, that misrepresentation should spread to the extent it does. But the difficulty of effectually counteracting it is, if possible, a still more serious evil. The misrepresenter is the assailant—he attacks only when and where he chooses—and he chooses, of course, a vantage ground. The maligner, too, has his knot, however small, of admirers. The party attacked replies, perhaps, and rebuts—but, for the most part, not in the same publication—and the consequences are, the readers of the first statement often know nothing of the second. And again, the readers of the counter-statement are insensibly impressed with a sort of unfavourable conviction, that where there is much defence there must needs be something that requires defence ; for the uninitiated cannot reasonably be supposed to have any just idea of the extent to which gratuitous falsehood has been carried. Thus the first set, yield up their absolute confidence, and even in the second, suspicions are excited. All this is but the common career of accusation and defence : an accusation is rarely forgotten, however complete the refutation.

An appeal to the laws is generally declined on the plea of its being uncertain ; and although we must admit this to be true, yet we cannot but think that the profession have been wanting to themselves in this respect, as the object is not to obtain damages, but to expose the true character of the assailant. A man may, perhaps, libel another once, from the irritation of the moment, or from being misinformed—but an habitual, a general, a

repeatedly convicted libeller, who would credit ?

For those, however, who think the remedy is not to be found in any curative process, there yet remains another expedient—*prevention*.

But it will be said, perhaps, prevention is, after all, neither practicable nor scarcely justifiable. The situation of an hospital physician or surgeon is a public one, and he must take the common chances and contingencies of publicity ;—and this, too, is an advantage to society : for the man who acts under the public eye will be more upon his guard and his good behaviour—will exert his best powers, and be less tenacious of his own individual interests. This, as a general principle, relative to matters of public concernment, no Englishman will dispute, or depreciate its advantages ; but here is the common fallacy : people call that *public* which is not so, and then argue upon the assumption as if it were indisputable. We deny that the medical officers of our hospitals can, with any propriety or truth, be considered as subject to public inspection. We deny that the treatment of disease is a thing that falls under the cognizance of the public judgment, or ought to be brought under their notice. That surely cannot be deemed a public matter which the public cannot understand : and of medical and surgical matters the public are singularly and pre-eminently ignorant, and of course are singularly and pre-eminently liable to be deluded—to be duped by any crafty knave who has no scruples in arrogating superiority of his own knowledge, and calumniating the skill of others. That, again, is not public which is not practised with open doors. That, again, is not public which is accessible only upon payment of fees :—what is *so* attainable, is strictly a private concern.

But the parties aggrieved do not urge their right in this respect. The

ground of complaint is, not that reports are made, but that *false* reports are made—not that cases are fairly communicated, but that they are unfairly criticized—not that the treatment is described, or even commented upon, but that the skill of the operator is often maliciously called into question without cause, and the very motives of his conduct invidiously pried into, and scandalously assigned—not that true statements of actual facts are made, but that cases are perverted for sinister purposes—not that a record is taken for private use, or even for professional communication, but that a spectacle and exhibition is dressed up and dramatised to pander to the baser appetites of the mob, or to gratify the spleen of the writer; that an appeal is made to those who are incompetent judges, and readily give their confidence to the first impudent claimant—to those who are delighted at taking cognizance of matters never before thought of by them, and into which they are now betrayed by being first told that the question brought before them is really one of *humanity*, and not of *skill*. We appeal to every honest man in our profession, whether the public are in any way qualified to judge of such subjects. A designing rogue has but to tell them that there has been something wrong, and they yield that ready and credulous belief which men are prone to do when bold assertions are made concerning matters which they do not understand.

Now concerning the author of this extraordinary system, we ask—Who is he, and what his competency? His object, proved by constant perversions, is not, as we have said, to communicate useful knowledge, but to attract by the striking, or the ridiculous. To accomplish this to any purpose, he must colour—that is, he must lie—to make up a tellable case; and he does this

with comparative security, for of late he has addressed himself chiefly to the unprofessional public, who are wholly ignorant of such matters, and to the few of the profession whose eyes are not yet open to his character, and who are pleased by the implied appeal to their superior judgments.

But the consequences of this inquisitorial power over the *operator*, are likely to be most fatal. The man who performs an operation in the presence of respectful, attentive, and observant pupils, is in a very different situation from one who does the same thing before a critic—and an unfriendly critic too. It cannot but have an unfavourable effect upon a man, to know that while in the act of performing a most delicate and perilous office, he is gazed upon by one whose very purpose it is, if possible, to detect a blunder, and blaze it abroad, and ferociously censure, or mercilessly ridicule, his slightest deviations from what the observer happens to think right. The very thought of such surveillance is enough to shake the nerves of the most insensible, and produce awkwardnesses, when perfect coolness, undisturbed self-possession, and promptitude, are indispensable for successful exertion. The effects, no doubt, will vary with the temperament of the operator: he may be a bold man, and defy reports; or he may be an ostentatious or a vain man, and court publicity, and the favour of the reporter;—and then, in the eagerness to display his dexterity, he will be careless of the patient's suffering; and we shall have more specimens in abundance of 'bold surgery,' and life will be sacrificed to the love of parade, or exposed to the mercy of selfish vanity. The reporter not only details an operation, and comments upon it, but even the circumstances attending the performance are made to tell against the operator. Some one says, or is made to

say, 'I can stand it no longer.' What, then, is the exclamation of some chance individual—a novice, a fool, or a traitor—to be taken as the measure of the feelings of an assembly of hundreds, or as a test of the skill of the operator? Had the whole assembly simultaneously started, the act would not have been decisive of the operator's having done more than he was justified in doing; for none but the surgeon, and those immediately beside him, can be aware of the exact nature of the circumstances, or amount of the difficulties.

But a still more fatal effect will follow; and one that will ultimately trench deeply upon the respectability of the profession, and the benefits derivable from that respectability to society at large:—the deterring of men of skill and abilities, and gentlemanly feelings, from accepting these situations. No man with such qualities, will choose to subject himself needlessly to the insulting comments—the ignorant abuse—the scandalous imputations of persons, whose sole purpose it is, not to exhibit his actions truly, but to make them ridiculous—to hold him up to the finger of scorn—to blast his public character, and disturb his private quiet. The profession will fall under the reign of empirics and charlatans; medicine and surgery will be degraded; and the alternative for the public will be *suffering without remedy*, or still more, *suffering with*.

But what security, the alarmist will ask,—what security has the country, except in publicity, for the abilities of the professor, and the skilful and faithful discharge of his office? We answer at once, and with confidence—in PROFESSIONAL PRIDE, and PROFESSIONAL REPUTATION. Success in the long run is the best criterion, and success we presume will steadily

accompany nothing but skill. No man can stand under a succession of failures. He must, not merely from consciousness of inability, but from the general alienation of his friends, give way to more fortunate and more able competitors. Besides there already exists a legitimate and effective publicity in the assemblage of professional brethren, and professional students. No man can blunder under such circumstances, and before such inspection, without the blunder being detected, and symptoms of detection following; these symptoms cannot escape the blunderer; and again we say, no man can hide his unskilfulness from an audience of pupils. There is a free spirit of intercourse in such a body; sentiments are openly uttered among them, and no man of inferior abilities, decidedly marked, could conceal his inferiority for a week.

But what, at last, is our remedy? EXCLUSION, and peremptory exclusion, too, from the hospitals, not only of the first, but of all, who are detected in giving false reports; and a little sharp look-out will quickly detect the whole covey. It is the true interest of the public not to be misled; and all who trust to the reports of the *Lancet* are often most grossly misled. The want of good faith, indeed, in that publication, has become so notorious, that even the surmise of any connexion with it is looked upon as a disgrace. The office of its reporter is one which no person is hardy enough to avow; and the information which it procures is obtained clandestinely and by stealth; a circumstance which would necessarily render it defective, even if correct so far as it went.—One individual, who was turned out of the Middlesex hospital for transmitting false and malicious statements, has recently been excluded from the Borough hospitals, and of course will not be admitted at any other; and so infamous

have the reports of that Journal become, that public notice has been given at Guy's, "that, in consequence of untrue and unprofessional statements relating to this hospital having appeared in the Lancet, no person who reports for, or is in any way connected with that publication, shall be at liberty to attend the practice or schools of this hospital." Let the officers of other hospitals adopt similar measures, and only use a little exertion in detecting and exposing the offenders, and this pest of the profession will find that he has been wrong, and that after all, "honesty is the best policy."

The remarks that we have made on the system of Hospital Reports, apply *a fortiori* to the surreptitious publication of lectures. When, a few years ago, the London Practice of Midwifery was published, known as it was to have been stolen from a celebrated teacher, the act was universally stigmatized as disgraceful. And we would ask what has since occurred that ought to change our notions of morality?—Nothing; that which was dishonest then, is not less dishonest now—and the repetition of knavery, though it may make us more familiar with its appearance, can never render it less odious. The act of publishing his lectures by different parties, has recently been designated by Mr. Abernethy "an attempt of one rogue to deprive another of his booty;" a description, in the fidelity of which both the individuals alluded to have tacitly acquiesced. The conduct of one of those who reported Mr. Abernethy's lectures, is said, by a correspondent in our last number, to have been *most honourable*. Of the man we know nothing—not even his name—but against the principle which would countenance a participation, though but indirectly, in a dishonest act, we must most solemnly protest.

As in some measure connected with

the above subject, we may allude to the comments of our respected contemporary of the Medico-Chirurgical Review, on a report published in the Gazette, of M. Roux's extraordinary operation for artificial anus. We criticised the practice as unwarrantable, and pointed out the operation as one to be shunned, not imitated—and this censure we must again repeat. Our contemporary has compared our account of this case to the reports of the Lancet: but against the justice of this we must protest. It is one thing to falsify cases, or give them an artful colouring, for the purpose of bringing discredit on those by whom they have been treated, and quite another thing to raise our voices against such an outrageous proceeding as cutting open the abdomen, separating a portion of bowel from deep-seated adhesions which it had contracted, dragging it forth, dividing it, and sewing the two ends together—an operation so desperate as to leave little more than a bare possibility of recovery, and which was practised to remove—an inconvenience!—disgusting it is true, but not dangerous to life. We would not wantonly censure—but we hold it to be the duty of a public journalist honestly to criticise what he thinks is wrong, and to use whatever influence he may possess, to prevent such an example from being followed.

HOSPITAL REPORTS.

ST. BARTHOLOMEW'S HOSPITAL.

Elephantiasis.

THERE is now in the hospital, under the care of Mr. Lawrence, a woman affected with this rare disease: she is a Portuguese, about 35 years old, of a dark complexion, and almost negro cast of countenance; but she denies that either by the father or mother's side she has other than European blood in her veins; and she says that the disease has not at

any time, that she is aware of, existed in her family. She came early to England, and has since that time travelled about a great deal; but never in a hotter climate than the south of France; and has always been in tolerably good circumstances, at least she has never been exposed to want and misery, which have been sometimes considered as predisposing causes to the disease. She has been married, and is the mother of four healthy children, born before the disease affected her. Her own health has, from a child, been extremely good, till about seven years ago, when the complaint first made its appearance. It commenced in the legs, and gradually spread to the arms, and eventually to the face; but it has scarcely made any attack on the trunk, with the exception of one or two spots on the right shoulder. At present the disease is most active on the face, and it has lately extended within the mouth, where it is making considerable ravages; the tongue and fauces are the worst, and more especially the retum palati and uvula; but it does not at any time seem to have gone further down the throat, or, as far as can be judged, attacked the bowels, as they have generally been free from pain, or any symptom which might give rise to a suspicion of their being diseased. The mucous membrane of the trachea and lungs seems, however, to have participated somewhat in the malady, for she has frequently difficulty of breathing, and a disposition to inflammatory attacks in the chest, for which it has been necessary to apply blisters once or twice. In the commencement of the disease she says that her health suffered a good deal, and that she was sometimes laid up for months together; but it is difficult to ascertain exactly what was the matter with her; she has lately, however, been tolerably well, and her bodily health has improved much since her residence in the hospital, by the aid of a regular diet, and the use of quinine, which she has taken for some time. She has not seen the catamenia for four years, till within this last month, when she states there has been a slight bloody discharge from the uterus. We believe there is no change in the genital organs externally, although many writers insist upon an affection of these parts, as an accompanying symptom of the disease; and it

no doubt frequently is, although not so in this case. She had at one period a painful swelling in the right groin, which has now, however, almost disappeared; and it is curious, that a disposition to active inflammation has lately shewn itself in the left leg, requiring the repeated application of leeches.

At this time her body, in various parts, presents the disease in every stage. It commences apparently with a chronic thickening, and tubercular state of the skin, which, in the course of time, breaks into dirty yellow-looking ulcerations, remaining for months in nearly the same state, scarcely making any progress; these at last heal up, and leave white and irregular cicatrices, and while these are getting well, fresh ones begin in another part, and run the same course; so that her arm, for instance, presents a surface covered with a curious medley of tubercles, ulcers, and cicatrices, with scarcely any of the healthy skin visible. The limbs are of their natural size, and there is no effusion into the cellular membrane, as in Barbadoes leg, for the disease clearly goes only skin deep. Of course nothing material can be done for the patient, except as well as possible to preserve the general health.

ST. THOMAS'S HOSPITAL.

Case of Chronic Catarrh, with Dilatation of the Bronchia, terminating in Gangrene of the Lungs.

Treated by Dr. Elliotson.

R. M. æt. 45, admitted March 6, 1828. He was a tall, and had been evidently a very powerful man; his employment (that of a lighterman) had, however, continually exposed him to the vicissitudes of the weather; and about two months before his admission he was seized, after sleeping on some bales of damp cotton, with shivering, succeeded by febrile symptoms, with severe cough, hoarseness, and urgent dyspnœa. Nothing was done for him, and he continued his usual employment.

When admitted, he was somewhat emaciated; but still was far from being weak. He complained of a violent cough, coming on in paroxysms, which terminated by frothy expectoration. Between the paroxysms some dyspnœa,

with lividity of the lips, and high* respiration; no pain in the chest, but sense of soreness on coughing; voice deep, and some hoarseness. Pulse 80—irregular.

The stethoscope detected over the greater part of the chest, anteriorly, a very loud noise, particularly during the inspirations, somewhat resembling the tracheal respiration, only in a minor degree, with a loud and peculiar resonance of the voice—not amounting to pectoriloquism. Percussion afforded a clear sound over the whole chest. Dr. Elliotson having found that inducing vomiting once or twice in the day, had in several cases relieved materially the urgency of the paroxysms, ordered

*Liq. Ant. Tart. ℥j. quotidie sumend.
Venæ Sectio ad ℥x.*

8.—Vomiting not produced; blood very slightly buffed; no relief; pulse slow and irregular.

Rep. Liq. Ant. Tart. bis quotidie.

This produced no effect, except upon the bowels, and it was necessary cautiously to increase the dose up to the 25th, when it amounted to 4 oz. twice a day, before either nausea or vomiting was induced. During this period there was no alteration of the symptoms; when, however, vomiting was produced, (the first time being on the above day) he felt some relief, the paroxysms not being so severe, and the frothy sputa brought up with less difficulty. Wishing, however, to employ less powerful measures, Dr. E. tried the decoction of senega (from which he has seen benefit derived in some cases of chronic catarrh, where the inflammatory symptoms had disappeared), but without relief; and for a few days the antimonial wine was resumed, with small doses of the tincture of opium. Subsequently, and up to the 21st of April, small doses of sulphate of zinc and opium were given. There was now, however, a decided change in the symptoms: his features became shrunk; his skin cool and clammy; pulse small and wiry; and, moreover, a horrid foetor of the breath. His friends insisted on removing him, and he was taken home, where, on the 25th, he died.

Autopsy, 48 hours after death.—

* The writer means, by this a full inspiration, with an imperfect expiration, so that the ribs remain elevated.

Thorax: on raising the sternum, there was found in the subcellular tissue a semigelatinous infiltration: there was considerable foetor. The lungs did not collapse—they presented, externally, (particularly the left) a darkish brown hue: on cutting into the right lobes, a quantity of frothy, dark, and offensive fluid oozed out. The pulmonary tissue was more easily lacerable, and of a darker hue than natural. Many of the bronchial ramifications were considerably enlarged—some, even near the surface, would have admitted a small quill. The left lobes (particularly the superior) much more easily broken down: a considerable quantity of the above-described fluid issued on making a section, and a cavity was exposed, of considerable size, in the centre of superior lobe, surrounded by gangrenous pulmonary tissue, like broken-down spleen, it being soft, very easily lacerated, and infiltrated by a foetid grumous fluid; some bands extended across the cavity (which was partly filled with the above fluid), presenting a similar appearance. The bronchial ramifications were also, on this side, considerably dilated. Neither tubercles nor hepatization in any part of the lungs. Heart of the usual size; but the parietes were remarkably flabby, easily lacerated, and of a dark hue. Pericardium rather opaque, and contained about 4 or 5 oz. of coloured serum, with a few fibrinous flocculi. Head and abdomen not examined.

REMARKS.—The above case is one of considerable interest. Two of the organic lesions found on dissection (and predicted before death) have but recently attracted attention; indeed their existence is still denied by many. Dilatation of the minute ramifications of the bronchia (described by Laennec, and, very accurately, by M. Andral, jun.), is a disease of comparatively frequent occurrence, and, as in the above case, produces a train of symptoms still designated by many under the general name of asthma.

Gangrene of the lungs (the other morbid appearance alluded to) was also described by Laennec; and till his time it does not appear to have been very accurately noticed. Since then, M. Bouillaud (*Revue Med.* Decem. 1824) has detailed several instructive cases. Dr. Chambers also has published an interesting paper on the gangrenous abscess of the lungs, (*Med. & Phys. Journ.*)

It is of comparatively rare occurrence, but may, when it does occur, be easily detected,—the horrid foetor of the breath, with the offensive expectoration, and other symptoms, being very characteristic. Gangrene of the lungs appears to have been considered by the above French authors as analogous to the idiopathic gangrenous affections; and the above case appears to confirm their views,—seeing that no acute inflammatory symptoms preceded the gangrene, but that there rather appeared to be a gradual loss of vitality, or a degeneration of a pulmonary tissue, forming in one lung a cavity containing no purulent matter (neither had he expectorated any), and perfectly unconnected with tubercular vomicae. The heart appears also to have been gradually approaching to the same condition; indeed, it already presented, in a minor degree, the appearances pointed out by Dr. Kennedy, of Glasgow, in his Memoir on “Gangrene of the Heart*.”

Case of Chorea.

Ann Mathews, æt. 6, admitted Feb. 14th. When admitted she was unable to stand. There was constant motion of the arms, particularly of the right; complained of no pain, except a trifling griping of the bowels; neither her countenance, nor cuticular surface generally, indicated any visceral disturbance; pulse natural; bowels twice relieved on the morning of admission; motions (according to her mother) tolerably healthy.

The disease made its appearance six weeks before admission, preceded, and, for some time, accompanied by, pain in the head (more particularly in the occiput), and drowsiness. She was placed under the care of a medical man, who purged her freely; the motions were dark and offensive, and the cephalalgia and drowsiness were entirely cured; but the chorea as rapidly became worse, and since the child “has not complained of her head,” (her mother states, particularly the last week,) the disease for which she was admitted “has been much more severe.”

Ord. Ferri. Subcarbon. ʒij. ter die sumend.

21.—Decidedly better; has taken her medicine regularly; complains of no

pain; motions are much tinged by the iron; bowels open once daily. She can now stand with but trifling assistance.

Pergat.

27.—Still better; stands quite well without assistance; the motion of the arms continues; bowels open once daily. No pain.

Pergat.

Mar. 1.—Much better; can now walk well without assistance; motion of the arms much less; any sudden surprise, however, still increases it.

Pergat.

4.—Nearly well; still a slight twitching of the wrists.

Pergat.

8.—Cured. She continued the iron for a short time, and was discharged.

ST. GEORGE'S HOSPITAL.

Hernia.

SEVERAL cases of hernia have occurred lately at this Hospital; but as they do not all possess any peculiar interest, we shall content ourselves with giving an instance of femoral, and another of inguinal hernia; the latter, indeed, attended with some unusual appearances.

CASE I.—Mary Ainsworth, æt. 45, a stout-looking woman, was admitted March 23, 1828, under the care of Mr. Rose. She had been affected with reducible femoral hernia on the right side for several years; but on the 18th, after lifting a heavy weight, she experienced considerable pain in the abdomen, and slight sickness. On the 19th she had a stool, but the pain and sickness continued; and on admission she presented the following symptoms:—“In the right groin there is a tumor about the size of a walnut, having all the characters of a femoral omental hernia, being hard and irregular to the touch. Little or no pain on handling it; but there is some in the abdomen, increased on pressure; no abdominal tension; disposition to vomiting; tongue whitish; pulse low (having just been bled); no evacuation from the bowels since the 20th.” She was put in the warm bath, and the taxis employed, but without effect. A large enema was administered, which brought away some hardened feces; and at ten p.m. the symptoms

* Medical Repository, April 1824.

not having been relieved, the operation was performed*. A straight incision was adopted, and Mr. Rose soon arrived at the sac, which was exceedingly thin. On opening into it, no fluid escaped; but a lump of omentum was exposed, little, if at all, discoloured, and having pretty general, though slight adhesions to the inner surface of the sac. These were separated, and on handling the omentum, Mr. Rose discovered a little knuckle of intestine inclosed within it. The stricture, which was exceedingly tense, was mainly caused by the pressure of Gimbernat's ligament; this was divided by the bistoury, and the intestine having been distinctly emptied of its contents, both it, and the omentum which encircled it, were returned into the abdomen. Soon after the operation, she had frequent purging motions; but next day she was doing well, there being no pain of abdomen, and the countenance tranquil. In the evening there were frequent stools, with thirst, quick pulse, &c.

H. Salin. Effervesc. c. Sod. Tartariz. ʒj.
4tis horis.

25th.—Tongue loaded; thirst; wound nearly closed superficially; countenance rather anxious.

H. Sal. c. Mag. Sulph. 3ss. 4tis horis.

From this time she went on pretty well, with the exception of some purging, which was checked by chalk mixture, with aromatic confection, and tincture of cinnamon. Suppuration to some extent took place in the sac, but no bad consequence of any kind ensued.

CASE II.—John Iverton, æt. 22, a healthy-looking groom, was admitted within a few days of the former patient, under the same surgeon.

He has been subject, since boyhood, to a rupture on the right side, which came down occasionally, gave him considerable pain, and then, after resting quiet for a little time, went up spontaneously. He has worn no truss for the last six years, and during that period the gut has descended several times; the last about a month ago: it appears, too, that even when the rupture had returned into the abdomen, a tumor of some kind still remained. This morn-

ing he felt the part somewhat tender, but went out to exercise a horse, and whilst riding found the gut come down. He returned home, and was sick—had a motion at 8 A.M.—took some pills and a draught—and at 10 A.M. was admitted into the hospital.

Venesection to syncope, the warm bath, taxis, æther, and ice to the tumor, all were tried, but without effect, and when we had an opportunity of seeing him at 3 P.M. the following were the appearances. Tumor tense, painful on pressure, and oblong in figure, reaching from nearly the bottom of the scrotum, along the inguinal canal, as high as the inner ring. The sac apparently contains intestine, and the testicle is felt below and rather to the inside, so that the hernia is evidently not congenital. In the tunica vaginalis of the testis, however, there appears to be some water, giving a degree of obscurity to the case.

Ice was applied, without effect, and in the evening a trial was made of the tobacco clyster, which was perfectly successful, making the man exceedingly faint and low. The gut was now entirely returned, but there remained a very evident tumor notwithstanding. On examination this turned out to be hydrocele, but the fluid, instead of being confined to the tunica vaginalis, passed from this apparently along the cord to the inner ring, where it was stopped, and could not be forced into the cavity of the abdomen. On coughing the gut descended anterior to the cord, so that the sac was situated in front of the hydrocele tumor.

What was the exact nature of the case it would probably be difficult to say. It was thought by some that the hernia had doubled over the tendon of the external oblique, and torn up the connexions between this and the fascia superficialis, leaving a space, when the hernia was reduced, for the exit of fluid from some opening in the tunica vaginalis. This is more ingenious, we think, than probable: nor do we exactly understand the quomodo of the explanation. Were we to hazard a conjecture, we should say that there had been congenital hydrocele or hernia, but that at the inner ring the passage had become closed, although the remainder of it continued open. This would account for the passage of the fluid from the proper cavity of the tunica vaginalis

* Other means were employed, as calomel and colocynth, sulphate of magnesia, and ice to the tumor; but as they failed, it would be useless to particularise them fully.

along the cord, as high as the inner ring, and its stoppage then.

The hernia having descended in front of the cord and of this tumor, shewed that it was a common one, and not congenital. A more practical point for observation is the success of the tobacco clyster, after every other means had failed, and when the operation was imperiously required. It must be remembered, however, that in the history of the case the patient stated, that on several occasions the rupture had come down with quite as urgent symptoms as in the present instance, and after a little while gone up spontaneously. From this circumstance it would be hard to determine whether the return of the gut after the administration of the clyster was a *post* or a *propter hoc*.

*Disease of the Tibia and Ankle-joint—
Dissection of the Limb.*

John Cooper, æt. 14, was admitted, April 9th, 1828, under the care of Mr. Brodie, with extensive disease in the left tibia. The leg and foot were greatly swollen, livid, and œdematous, giving to the limb very much of the shape it assumes in elephantiasis. Over the front of the tibia, about half way down the bone, three inches below this, and again, nearly opposite the inner malleolus, were ulcerated openings, leading to carious bone. There was pain on pressing the tibia in several spots; but no pain on pressing the heel, so as to force the astragalus against the articulating extremity of the tibia; and the motions of the ankle-joint, though stiff and imperfect, were attended with but little inconvenience. The knee was so much bent that the tibia appeared to be partially dislocated backwards on the condyles of the femur; notwithstanding which, the motions of the joint were on the whole free, and there was no pain whatever on pressing the articulating extremities of the bones together. There were none of the symptoms of ulceration of the cartilages of a great joint—no pain at night—no startings of the limb—comparatively little hectic.

Such were the symptoms on admission; and it appeared, that five months previously, without having met with the slightest accident, he began to suffer pain on the inside of the ankle, increased on walking. Swelling of the joint slowly supervened, and spread upwards along the tibia. An abscess

formed on the inner ancle, and was opened about two months prior to his admission; an abscess also formed over the inner condyle of the femur, and was evacuated later than the former, whilst the several ulcers over the tibia appeared at different times; but his habit of body was irritable and scrofulous.

He was ordered a generous diet, with a pint of porter daily; and directed to take the sulphate of quinine, with dilute sulphuric acid. By the 24th, there being little alteration, the limb was removed above the knee, by the flap operation.

On examining the leg, the disease was found, as had been expected, to be limited to the shaft and lower extremity of the tibia; its epiphysis above, and the knee-joint, being quite sound. Something like a subluxation of the knee had taken place, but the condyles of the femur, after all, were but very little advanced upon the head of the tibia. The shaft of the latter bone presented a good specimen of necrosis in its early, and, indeed, in several of its stages. In one part, the bone was completely dead, and new ossific matter secreted by the thickened and vascular periosteum around. In another place, the old bone was not yet dead, but had lost its clear pearl tint, and assumed an opaque and yellowish hue; whilst, about the centre of the bone, opposite one of the ulcers in the integuments, an opening had been formed by caries through the shaft into the central cavity, through which opening the sequestra would have ultimately come away. These appearances were well shewn, and exceedingly interesting. The ankle-joint was diseased, for the cartilages of the tibia and astragalus were corroded, and a sinus led into its cavity.

For the first day or two after the operation, the tongue was brownish, and there was a good deal of irritability. On the 28th, the stump was dressed for the first time, and had not a very promising appearance. The compound tincture of benzoin was applied to it, and on the 30th it looked better. On the 1st May he appeared better, but the pulse was up to 160, and, indeed, it had never been below 120 since the operation. The flaps of the stump had retracted considerably, and the bone stuck out to a considerable distance. On the 2d, he was ordered aromatic confection, with bark, and full diet;

but on the 4th he was evidently worse. This change appeared to be attributable to the impression made by the death of a patient whose leg had been removed on the same day on which the boy had his own limb taken off, and who lay in an opposite bed.

On the 6th, the pulse was small and frequent; the countenance sunken, and very anxious; tongue dry, and reddish at the tip; mouth parched; bowels purged; great soreness of the hips and sacrum. He was ordered quinine, with dilute sulphuric acid; tincture of orange peel, and tincture of opium;—whilst half a pint of red wine was given daily. We saw him on Wednesday last, when he was somewhat, but not essentially, better.

PARIS HOSPITALS.

Articular Rheumatism, followed by fatal Pleurisy—appearances of the joints.

A WOMAN, about thirty years of age, was admitted at La Charité, on the 10th of March, having laboured for some days under rheumatism, affecting almost all the joints, and accompanied by rather smart fever. She was bled twice. The pain then fixed itself in the left knee and right wrist; these joints were slightly swelled, but without redness: there was no sign of effusion into the synovial membranes. She was bled again, and emollient applications made to the parts.

By the 25th she was regarded as convalescent, the pain and swelling having considerably abated; but she had fever, and the left leg was rather œdematous.

On the 27th she was suddenly seized with dry cough; oppression of breathing; pain in the right side of the chest, accompanied with high fever. The usual depletory measures were adopted, but she died on the 5th day of the attack.

About a pint of puriform effusion, with flocculi of lymph, was found in the right pleura; and a smaller quantity in the left. The left lung was sound, but the right contained a small circumscribed abscess, in which the pus was not yet, as it were, separated, but infiltrated through the pulmonary tissue. The heart and its membranes were healthy. The synovial membrane of the left knee had a blush of redness throughout, which was deepest round the articular

cartilages; these seemed broken down at many points, particularly at their edges: there was no effusion of pus or synovia. The extremities of the femur and tibia appeared unchanged, but the soft parts round them were a little tumified. The posterior tibial vein was obliterated, and seemed to have been inflamed. The right knee-joint had no appearance of inflammation; but the synovial membrane contained several spoonsful of fluid, which looked like synovia and pus mixed together. The synovial membrane of the right wrist was red throughout, but there was no effusion nor ulceration of the cartilages. The articulations of the carpus and metacarpus of the same side were also red, as from inflammation. These appearances did not present themselves in any of the other joints.

Pleurisy following the healing of an Ulcer of the Leg; with an Eruption of Herpes, apparently critical.

A man, ætat. 47, was admitted at the Hospice de Perfectionnement on the 3d of March, having had an ulcer on the left leg, which discharged a large quantity of pus. It had come on spontaneously, and there was nothing remarkable in its appearance. The limb was placed in the horizontal posture; simple dressings were applied, and the ulcer healed; when, just as the cicatrization was completed, the patient was suddenly seized with very acute pain in the right side, increased on inspiration; with hard, painful cough, and fever. He was bled, by which the symptoms were somewhat mitigated; but next day they were still severe; when an eruption, which proved to be Herpes Zoster, began to make its appearance. In proportion as this was developed the symptoms abated, and soon entirely disappeared.

Hydrocele in Cysts.

A printer was lately admitted at the Hotel Dieu, with a double hydrocele. That on the right side had grown to an enormous size—it was as large as a gourd, and reached nearly to the knee; fluctuation was manifest, and the transparency considerable, though not, perhaps, so great as in common cases; the penis, confounded in the mass, scarcely appeared to exist: the patient did not appear to suffer any inconvenience from the swelling; and in fact applied at the hospital for the cure of an excoriation,

which had been caused by friction upon the anterior and lower part of the tumor: a puncture was made a little below the excoriation; a basin full of thick liquor, containing a great deal of albumen, flowed out, but which was otherwise limpid and inodorous; the flow of the liquid then ceased, but still the tumor remained of a great size, and there was evident fluctuation. After ascertaining that no hernia existed, M. Dupuytren made a second puncture in this second pouch; the fluid that escaped was of the same nature as the former, and nearly as abundant; the amount of the whole may be estimated at four pounds at least.

The tumor on the left side was then punctured, and a similar fluid discharged. M. Dupuytren had previously determined not to employ an injection in this case. The extent of the surface he thought might render it dangerous to do so; and, besides, the existence of more than one cavity was another reason against the employment of that method of cure. Perhaps in this case M. Larrey's mode of cure might have been attended with advantage.

EXTRACTS FROM JOURNALS.

Foreign and Domestic.

CASE OF ABOLITION OF THE SENSES.

By Dr. Defermon.

M. C. J., born in Corsica, and related to the family of Napoleon, was of a nervous temperament: being blessed with fortune, of excellent abilities, fond of the arts, and more so of pleasure, which he had abused, he became suddenly and unexpectedly affected with gutta serena. At the first onset of the disease, he could distinguish day from night, but soon afterwards was entirely deprived even of that power. Having, in his youth, suffered from syphilis, his physicians recommended him to undergo a mercurial treatment; but this proved entirely useless, as were numerous other attempts to cure him, made by different physicians. The intellectual faculties were not in any way affected; he held a very important office in the financial department, and, by order and method, he was enabled to dispose of the letters he received, so as to

procure any particular one that he wanted without help from any person; and thus he continued to direct the affairs of his office in a satisfactory manner. A little time before M. J. entirely lost his sight, his wife became pregnant, and was brought to bed of a female child, which was born with all the characters of the Albino, and has since preserved them.

After the loss of the eye-sight, the other senses acquired an extraordinary degree of perfection; the touch, for example, became so delicate, that M. J. could distinguish different rare editions of works which he possessed from each other; he could also tell whether the plates were engraved on wood, etched, or engraved on copper. In this state he continued many years. In society he appeared very calm, but in his family his irascibility was extreme.

A few years after he became blind, his hearing began to fail; and he used an ear trumpet. At length he became totally deaf. All communication with him was then made by means of moveable letters in relief. In this condition he displayed great strength of memory, as well as vivacity and good humour; telling the ladies of his acquaintance, that, as far as he was concerned, they did not grow old, &c.

A considerable time thus elapsed; all the attempts which medicine could afford were employed to cure these infirmities without success; the digestive functions continued to be properly performed; when, gradually, sensibility became extinguished, the patient could not distinguish the letters in relief, and there no longer existed any means of communicating with him. The whole surface of the body had lost its sensibility; the limbs became also gradually paralysed, without any external appearance of disease; the patient could talk and masticate his food; he also had some appetite. His wife and children, however, found out that one of his cheeks preserved its sensibility, and this suggested to his active imagination the idea of having the figures of different letters traced upon this part; by which means he was able to comprehend a few phrases. His intellectual faculties were so active, that, after the lapse of some days, as soon as the first syllable of a word was traced in the above manner, he immediately divined the rest. In proportion as the senses of M. J.

became extinct, especially towards the latter period of the disease, his intellectual faculties acquired a degree of morbid energy; his character became altered; he was extremely irascible, and even at times violent. At length the patient became enfeebled; the fæces were passed involuntary; and, after many years of moral, rather than physical suffering, he expired. The body was not examined.

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MAGENDIE ON HYDRIODATE OF POTASS
IN MALIGNANT ULCERATIONS.

In the last Number of the *Journal de Physiologie* (Jan. 1828), M. Magendie has related some cases of chronic ulcerations of the tongue and larynx, cured by means of the hydriodate of potass. He remarks, that his situation at the Salpetriere brings under his notice many cases which have previously gone the round of the Paris hospitals, and, in many instances at least, been likewise subjected to the trial of various quack medicines. The unfortunate individuals so situated occupy his particular attention, and he has been anxious to try any thing which held out any chance of relieving them. Among the rest, he has tried iodine, and entertains rather a favourable opinion of its powers even in cancerous affections. But on the present occasion, he limits himself to two cases of chronic ulceration which were deemed incurable.

CASE I.—A woman of lymphatic temperament, enjoyed good health till the age of thirty, at which time the menses became less regular than before, each period being attended with severe suffering. The dysmenorrhœa increased, and became attended with still more urgent symptoms. Large ulcers appeared on various parts of the body, (on the thighs, legs, above the mammæ, and on the face and head,) no satisfactory cause of which could be assigned. Swellings of the periosteum took place on the right tibia and radius of the same side; abscesses formed, which opened spontaneously, and gave exit to fragments of bone. Along with these symptoms, there appeared *vegetations* of the mucous membrane of the pharynx and tongue, and the medical attendant regarded the case as venereal: but the patient steadily denied the possibility of this. Nevertheless, she was subjected to a complete course of mercury, and the affected parts immersed daily in baths of the sublimate. The ulcers of the lower ex-

tremities and of the breast healed; but some continued obstinate, and fresh ones made their appearance. Those of the tongue spread, and all the right edge, and half of the upper surface, were covered with one large ulcer. The patient, by degrees, lost her voice, and this without any acute pain of the larynx preceding: but it was conjectured that the ulceration had extended to, and destroyed, the *cordæ vocales*. Such was her situation when she came under the care of M. Magendie, having been nearly a year under the above-mentioned treatment. One day, on her complaining of more than usual dyspnœa, he ordered her a julap, containing 24 drops of the solution of hydriodate of potass, with a view, as he informs us, of rendering the menses, which she expected, more abundant. The dose was gradually increased, so that, in six days, she took thirty-six drops in each mixture. Under this treatment a rapid improvement took place: the surface of the ulcers became clean, and, in fifteen days, that which covered the tongue was perfectly cicatrized. Those on the other parts of the body, from their greater extent of surface, were much longer in healing; however, at the end of a month, there only remained a fistulous opening, through which the denuded radius could still be felt. She had been about three weeks in this improved condition, when she was seized with a violent ophthalmia, and extreme difficulty of respiration. This last symptom was attributed to the narrowing of the laryngeal aperture, and it resisted the various remedies (chiefly antiphlogistic) which were employed; so that the patient died of asphyxia on the eighth day. In the interior of the ventricles of the larynx, on the *cordæ vocales*, and over the whole space included between the glottis and epiglottis, the lining membrane was covered with hard whitish vegetations: the glottis was scarcely large enough to suffer the quill of a feather to pass.

CASE II.—A woman, aged 41, was treated, four years ago, in the hospital of St. Louis, for large ulcers which she had had for a long time on the legs. She was no sooner cured and discharged than she began to experience some difficulty of respiration, with an acute pain in the larynx; her voice was changed, and, in a short time, she could only speak in a bass tone. Simultaneously with these symptoms, large and deep

ulcerations made their appearance on the face, neck, and tongue. After having been subjected to various methods of treatment, she entered the Salpêtrière on the 29th of March, 1827, three years after the appearance of the ulcers of the face and tongue. The ulcers of the neck were entirely healed. The nose was in great part destroyed, and presented an unseemly cicatrix; five or six thick yellowish crusts, of six or eight lines in diameter, covered the soft fungous excrescences on different parts of the face, and an irregular greyish-coloured ulceration, with hard and elevated edges, occupied all the palatine surface of the tongue, and fungous growths rose from different parts. Deglutition was extremely difficult, the breathing very much impeded, and articulation almost impossible. On the 27th of June she began to take the solution of hydriodate of potass, in the dose of two drachms in the mixture. A few days produced a sensible amendment; the ulcers cleaned, and put on a better appearance; and by the 21st of July (the twenty-fourth day) the ulcers were entirely cicatrized, but the crusts on the face still remained. On the 1st of March, 1828, it is stated that all the crusts had dropped off, and that the disease was entirely cured. The dose of the hydriodate of potass never exceeded eight grains in the day.

EXPULSION OF THE PLACENTA, FOUR MONTHS AFTER DELIVERY.

A woman was delivered in January of a dead child, in which putrefaction had commenced in different parts of the body. The midwife made many useless efforts to extract the placenta; she pulled so hard, indeed, by the funis, as to break it off. The placenta still remained in the uterus. The cervix uteri closed, and neither uterine pains nor any discharge indicated the probability of the expulsion of the after-birth. The woman enjoyed a perfect state of health till the following May. Slight pains, and a sanguineous discharge, then appeared. These symptoms lasted but a short time, and again returned. They were now more severe, and were followed by the expulsion of the placenta, the presence of which in the uterus, during so long a period, had been productive of no inconvenience.—*Gemeins deutsche Zeitschr. für. Geburtskunde.*

CURIOUS CASE OF MALFORMATION.

The following preternatural appear-

ances were detected upon opening the body of Marie Barber, aged 14 years. The umbilicus was situated where the mons veneris is naturally placed. The anus, which was large enough to permit the introduction of the hand, occupied the place of the vagina. There was no apparent communication between the rectum and the organs of generation. The only external appearances of the latter, were, an enlargement, the structure of which had some resemblance to the clitoris, and two small excrescences, covered with a few hairs. Instead of the symphysis pubis there was a rather large opening, covered only by the integuments. The bladder was wanting. The urachus was very long and of an unusual size, and terminated insensibly in the integuments. The uterus was of the natural size and structure. The uterine ligaments, fallopian tubes, and ovaries, were also natural. There were neither kidneys nor ureters. The umbilical vein was particularly large. The girl had been troubled from birth with an inconvenience which caused her much distress. There was a continual discharge from the navel of a liquid resembling urine, the odour of which was so powerful that she was very frequently obliged to change her linen. From the absence of the kidneys, ureters, and bladder, Dr. Moulon, the relater of the case, imagines that the blood discharged, through the medium of the liver, the principles which form the urine; that they were then carried to the umbilical vein, to be excreted by the umbilicus itself. The patient died of chronic inflammation of the stomach and bowels, complicated with an affection of the liver, which was found in a gangrenous state. The pancreas resembled a sac full of pus.—*Journal des Progrès.*

SULPHURIC ACID DETECTED IN THE FŒTUS.

A woman, at the last period of pregnancy, poisoned herself with concentrated sulphuric acid. She kept it secret until the moment of her death. The last efforts of nature were exerted to give birth to the child. Upon examination of the body of the infant, sulphuric acid was detected in the cavity of the pleura and peritoneum, and also in the heart and bladder. Its presence was also ascertained in the liquor amnii.—*Gemeins deutsche Zeits. &c.*

PROCEEDINGS OF SOCIETIES.

HUNTERIAN SOCIETY.

April 30.

DR. BILLING, PRESIDENT, IN THE CHAIR.

DR. FRANCIS RAMSBOTHAM related an instance of fracture of the ascending ramus of the ischium, in a woman six months advanced in utero-gestation. She was taken up insensible, and it was found that she had lost from the uterus little less than a pint and half of blood. However, she had recovered from the injury, and, from the partial separation of the placenta, without abortion.

Mr. Hooper, Mr. Knight, and Mr. Cooke, related instances of fright, and of enormous and sudden hæmorrhages, which occurred without being followed by miscarriage; and which showed that in some women there exists an extraordinary indisposition to premature uterine action. The latter gentleman adverted to an instance in which a delicate lady went on to the completion of her term, notwithstanding the membranes had given way three months before, and the liquor amnii had continued to dribble to the time of parturition.

The remainder of the evening was occupied by an interesting discussion on some of the anomalous occurrences which proceed from syphilis.

Mr. Callaway related the cases of a lady and her infant, on whom an eruption exactly resembling the syphilitic appeared, for which no probable reason could be assigned, except a taint of syphilis remaining in the constitution of the lady's husband, although he had been apparently cured six months before his marriage, and sixteen months had elapsed between his marriage and the birth of his child. The eruption in the lady and her infant was cured by mild mercurial treatment and sarsaparilla. He mentioned also the case of a nurse, who received the disease from a child she suckled, the parents being known to be under the disease. The nipple inflamed, abscesses formed in the axilla, and nodes and diseased palate ensued.

Dr. Babington, after alluding to the various excuses raised by patients to account modestly for their venereal attacks, detailed a melancholy example of the effects of the disease on a young married lady, to whom it had been imparted by the husband. She had used mercury in various forms, under the direction of different medical men, but without deriving any benefit. In addition to the primary affection, she had pains in the bones, eruptions, and caries of the palate, attended with horrible fætor. She appeared to be progressively sinking under the distressing malady, when, as a last resource, a consultation was proposed with Mr. Thos. Blizard. This eminent surgeon again urged the indispensable necessity of mercury in a still greater degree than before: she was directed to rub in half an ounce at a time, till active

salivation should be produced. Notwithstanding the previously hopeless state of the lady, the plan was completely successful. The Doctor related this case as standing in contrast with those cases in which much mercury is very prejudicial.

WESTMINSTER MEDICAL SOCIETY.

Saturday, April 26.

DR. JAMES SOMERVILLE IN THE CHAIR.

THIS evening the subject of sanability of consumption was brought forward by Dr. Milligan. After noticing the origin and structure of tubercles, and mentioning that our efforts ought to be directed to the *resolution*, if possible, of the latter, the author related several cases to the Society where patients apparently in the advanced stages of phthisis had recovered. The treatment consisted principally in guarding against atmospheric changes by proper clothing, a light milk diet, &c. Dr. M. likewise recommended the tincture of *nux vomica* and tincture of iodine; but it did not appear that either of these remedies had been employed in the cases which he detailed. The discussion which followed turned mainly on the structure and origin of tubercles—one party maintaining that they were mostly, or at least very frequently, to be considered as congenital; the other, that they were the result of previous inflammation. The sense of the majority of the speakers seemed to be, that they *might* be the consequence of inflammation even in healthy lungs, but that in far too many cases the germs, as it were, of tubercles were born with the individual, although their *development* was generally accompanied or preceded by inflammatory action.

Another point which was mooted in the course of the evening was, the advantage, or otherwise, of local depletion in cases of disease within the thorax. Dr. Barry objected to the use of leeches, as, in his opinion, they tended to produce hæmoptysis: he also cited the opinion of Dr. Clarke, lately of Rome, who thought that in several cases this had been the consequence of the application of leeches to the chest. Dr. Johnson was disposed to doubt the accuracy of the conclusion, as in other cases of internal inflammation (peritonitis for instance) leeches are of considerable service. In proof of the sanability of a tuberculous excavation, Dr. J. detailed the case of a medical gentleman, who had all the symptoms of a large one in the upper part of the left lung: he got better, and went into the country, where he lived irregularly, and relapsed; the symptoms of the disease, however, being not in the left, but *right* lung. He died, and on dissection the excavation in the former was found to be cicatrized, and to contain a drop or two of mucus; whilst a very large one existed in the latter.

This being the last evening of the session,

a very appropriate address was delivered by the President, who took occasion to congratulate the members on the very prosperous condition of the Society.

MEDICAL SOCIETY OF LONDON.

May 5.

DR. HASLAM, PRESIDENT, IN THE CHAIR.

MR. SHEARLY exhibited to the Society Wm. Walker, the man whose case we gave in our last number, page 676. To questions put by the President, at the request of the Society, it appeared that the power of retaining the urine had not been lost, although the calls to void it were more frequent than before the accident; that the sexual propensity had undergone no change, the remains of the penis being subject to a kind of erection, by the same excitations which had produced erection of the entire organ; that during sleep dreams were frequently occurring, during which *ejaculatio seminis* took place, accompanied with the venereal orgasm.

DR. BADHAM AND HIS PUPILS.

(From a Correspondent.)

WE understand that the following address, by the unanimous vote of his pupils, has been presented to Dr. Badham, who was recently appointed to the medical chair in the University of Glasgow:—

“Glasgow College, April 26, 1828.

“DEAR SIR,

“The students who have had the honour to attend your first course of lectures in this University, presume to offer their sincere congratulations on the successful issue of your arduous exertions for the present season. The parting address with which you favoured them yesterday morning has made a deep and salutary impression on their minds. Delighted with the richness of its classical allusions—convinced of the truth, importance, and propriety of its sentiments—they feel a strong desire to obtain it in a more permanent form; that, besides the pleasure of reviewing it themselves, they may enjoy the satisfaction of circulating it among their friends in different parts of the kingdom. They, therefore, entertain the hope that, either in its present state, or with such modifications as your own good judgment may approve, you will, as soon as possible, commit it to the press.

“That the University of Glasgow (our beloved alma mater) may long continue to number yourself, dear Sir, among its most distinguished ornaments,—that the benefit of talent so diversified, erudition so extensive, and taste so refined, may continue to be duly estimated and gratefully enjoyed by the

students of many succeeding years,—is the ardent wish and confident anticipation of,

“Dear Sir,

“Your most obedient servants and

“Affectionate Pupils.”

ROYAL WESTMINSTER INFIRMARY FOR DISEASES OF THE EYE.

April 25, 1828.

At a meeting of the Committee of Management, held this day—

Present—Sir J. Swinburne, Bart. F.R.S.; Sir Wm. Franklin, F.R.S.; Captain Kater, F.R.S.; Mr. Reed, Treasurer; Mr. James; Mr. Stodart; Mr. Hughes, Assist.-Secretary:

It was resolved—

“That this Committee do accept Dr. Forbes's resignation as Physician to this Infirmary; but think it necessary to remark, that before the resolutions were passed at the special meeting held on the 2d April last (six Vice-Presidents and nine of the Committee being present, exclusive of Mr. Guthrie), all the points re-stated by Dr. Forbes in the note that accompanies his letter of resignation, were deliberately and fully investigated in his presence, and disproved; and all the resolutions were unanimously carried, with the exception of Dr. Forbes's single dissent.”

(A true extract from the minute book)

W. T. HUGHES, Assist.-Sec.

May 1, 1828.

NOTICES.

✍ We have received a letter in the names of several Pupils, requesting that the Stamped Edition might be resumed. We beg to inform these gentlemen, and all who may be similarly situated, that the GAZETTE may be had, through the medium of the booksellers, at all the principal towns, in parcels by the coaches, almost as soon, and at considerably less expense, than by post.

* * * Having been applied to by several gentlemen of the profession, who are going to Paris for the summer, to ascertain how they can obtain the MEDICAL GAZETTE during their residence there, we beg to inform them that by giving their orders to MM. A. and W. Galignani, Rue Vivienne, they can be regularly supplied with the work once a month.

Will “M. D.” favour us with his name? Anonymous papers on such subjects cannot have the same weight as those authenticated by signature.

The communications of “X.”—“One who thinks before he signs Petitions”—“A Lover of the Demonstrative Sciences”—“A Phrenologist”—“Theseus”—“Ἰλαραθρωπος,” have been received.

Mr. G. F. will perceive that he was under mistake: we hope to hear from him again.

Mr. P. will find his answer in the last two numbers.

THE LONDON MEDICAL GAZETTE,

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OF

Medicine and the Collateral Sciences.

No. 24.]

SATURDAY, MAY 17, 1828.

[Vol. I.

MEDICAL STATISTICS.

*Abstract of Lectures, delivered at the
College of Physicians,*

By DR. BISSET HAWKINS.

Lecture Second.

THE principal end of hospitals is the relief of the sick poor, but another benefit may be derived from them,—an abstract of the results of their multiplied experience, without which their instruction to our profession, and their utility to the public, are considerably abridged.

Mr. Milne remarks, that in reading the writings of the physicians who have treated these subjects, it is impossible not to regret that they have been so little attended to by the profession in general; and that bills of mortality have not been more generally kept, in such a way as to throw the light, which they alone can do, on the causes of the increase and decrease of different diseases; and of the great differences that are found between the degrees of mortality in different situations, and among different classes of the people.

Some persons appear to have hastily concluded, that the mortality of an hospital affords little information as to the economy or practice prevailing in it; and have even ventured on the paradox of supposing that the deaths will become more numerous as the discipline improves, and as the skill of the officers increases; because, under such circumstances, the most severe cases alone will be selected, and will be speedily discharged, to afford room for new ones. This argument appears to be founded chiefly on a solitary fact, originally pro-

posed by Joseph Frank, namely, that in the ninth year of the French Republic, the mortality at the Hôtel Dieu was 1 in 7, and yet in the next year rose to 1 in 6, although the interior economy was much ameliorated; and in the following year even to 1 in 4. But the real solution of this change appears to be due to the exclusion from the Hôtel Dieu, at that time, of all pregnant and insane cases, such as had been previously received there in abundance, whose mortality is much less than that of the common objects of a general hospital, and whose presence, accordingly, tended to diminish the annual amount. In respect to hospitals destined for particular complaints, as the Lock, or the St. Louis of Paris; or in regard to lying-in, or military hospitals, it would be unjust to form comparisons, except with others of a similar kind: but the general hospitals of the principal cities of Europe may be fairly approximated, with an occasional allowance for position, or for some accidental peculiarity, such as the larger number of violent injuries which occur in great commercial cities: it is probably on this last account that the mortality of St. George's hospital is greater than that of the Edinburgh Infirmary; in 1825, of 1025 in-patients admitted at the former, 664 were cases of accidents. On the whole we shall find, that in every city the mortality of the hospitals has usually declined in proportion to the increase of prosperity, and to the diffusion of knowledge; and that, wherever it maintains a high standard, the lower orders will generally correspond in their condition of want and degradation, and the profession of medicine will be seen to occupy a subordinate rank in public esteem.

It has been calculated that the 20th part of every population is labouring under illness, and that the 100th part suffers some severe disease. But the average of sickness and of recovery is constantly fluctuating under the influence of single seasons; of plenty and of scarcity, of the spirit of the times, and of political events.

The earliest notice of the mortality of our own hospitals, is contained in Sir Wm. Petty's work on Political Arithmetic; from which it appears, that in the year 1685, the proportion of deaths to cures at St. Bartholomew's and St. Thomas's hospitals was about 1 in 7. In the printed report of St. Thomas's hospital for 1689, the mortality is about 1 in 10. The first annual report of St. George's hospital for 1734, when patients were first received, yields a proportion of about 1 death in 8 patients.

The mortality of St. Thomas's hospital was in 1741 about 1 in 10; from 1773 to 1783 1 in 14; from 1783 to 1793 1 in 15; from 1803 to 1813 1 in 16.

The annual average of deaths at Christ's hospital, during the 40 years ending in 1799, was 1 in 150.

The mortality of the Edinburgh Infirmary appears to have ranged, during the present century, between 1 in 14 and 1 in 20, or even 1 in 21.

The mortality of Heriot's hospital, at Edinburgh, has been only 1 in 235 annually, during the last 17 years. It is composed of children from the age of 7 to 14. The average mortality of some other public establishments at Edinburgh appears to be very low.

The average mortality of the Fever hospital, at Dublin, has been considerably diminished since the commencement of the present century.

The annual average from 1804 to 1812 was about 1 in 12; from 1812 to 1814 1 in 15; in 1815 1 in 20.

The mortality in France is much greater among the lower classes than the affluent ones. It even appears, that in the wealthy departments of France life is protracted $12\frac{1}{2}$ years beyond its course in those which are poor. Precisely the same result is observed in the rich and poor quarters of Paris: where 50 deaths occur in the rich arrondissements, about 100 happen in the poorer ones.

The average mortality of all the hos-

pitals of Paris, in 1822, was 1 in 8. 42; of all the hospices, 1 in 6. 71.

The average stay of each patient in the hospitals was about 35 days.

The total mortality at the Hôtel Dieu, was, in 1822, 1 in $6\frac{82}{100}$; and the average stay of each patient was about 25 days. If we examine the progress of several years at the Hôtel Dieu, a slow, but gradual improvement will appear. Between 1770 and 1780 the mortality was about 1 in 4: at this period it would be difficult to imagine, as some have done, that high mortality is a proof of well-regulated hospitals, since Hunczowski declares that he often saw, on the same bed, a dead body lying by the side of two dying patients, and one convalescent. From 1804 to 1814 the deaths were rather more than 1 in 5.

In the Charité hospital, at Paris, the total mortality was, in 1822, 1 in $5\frac{53}{100}$. The average stay of the patients was about 30 days.

The number of children abandoned by their parents is at Paris enormous: in 1826 these wretched beings amounted to above 8000. In 1818, 120 died out of 133 thus exposed. Of 1000 foundlings, at Paris, 251 have been ascertained to die during the first few days, and 235 more on their road to the country nurses, or before the end of the first year.

In the provincial hospitals of France the mortality is less than in those of the metropolis. At Lyons, for instance, the mortality of the Hôtel Dieu is about 1 in 11; and, at Montpellier, the average of all the medical institutions is about 1 in 10. We may remark, that, as the mortality of great cities is usually superior to that of towns, so the annual deaths of metropolitan hospitals will usually exceed the proportion of provincial ones;—and, generally, that in any large hospital the proportion of deaths will exceed that of a small one.

The mortality of Berlin has progressively diminished. From 1747 to 1755 the annual rate was about 1 in 28; from 1796 to 1799 1 in $29\frac{1}{4}$; from 1802 to 1806 (suffering from war) about 1 in $27\frac{1}{4}$; from 1816 to 1822 1 in $34\frac{3}{4}$.

The mortality of the Charité, the chief general hospital, on an average of 20 years, from 1796 to 1817, has been about 1 in 6. And yet, in this high mortality, must be included a large supply of lying-in women, and of the insane,

whose presence should lower the total sum of death.

Dr. Casper, of Berlin, published in 1824 an interesting collection of statistical facts, illustrative of the influence of vaccination on that city. In 1789 one death out of every nine deaths in Berlin was occasioned by small-pox; but from 1820 to 1822, only 1 death in 1635 deaths was the result of small-pox. He combats, by authentic documents, the notion that the other diseases of infancy have become more fatal since the introduction of vaccination.

The annual mortality of Vienna was estimated in the middle of last century at about 1 in 20. In 1810 Wertheim brings it to about 1 in 24. Since that time, it has again undergone a slight improvement, and is about 1 in 26. The great hospital at Vienna includes a variety of clinical and other establishments; the annual mortality of the whole is about 1 in 6. In 1810 above half the foundlings received, annually, perished. Since that time their mortality has been considerably lessened by the sending them into the country to be nursed.

At Pesth, the present capital of Hungary, the annual deaths at the civil hospital were, in 1825, of exactly similar proportion to those at the hospital of the metropolis of Austria, under whose mistaken policy it equally languishes.

The mortality of the small cities of Germany appears to be often half, or even one-third of that which prevails in the great ones.

The change in the duration of life which has taken place in the kingdom of the Netherlands has rendered the old tables of the probabilities of life, formed by Kerseboom, insufficient for actual use, and M. de Quetelet has recently constructed a new scale. His inquiries have brought to light many curious facts. The value of life in Holland seems to have doubled itself since the middle of last century. Süssmilch then estimated the annual mortality of 39 villages of Holland at about 1 in 23; and at present we find the average mortality of the whole kingdom to be 1 in 48. The mortality of the hospital St. Pierre, at Brussels, was, in 1823, about 1 in 9 among the adult patients, and about 1 in 6 among the children.

The population of Amsterdam has decreased, in consequence of declining commerce; and its mortality increases

with the progress of decay. The mortality in 1777 was about 1 in 27; it was recently about 1 in 24. The average mortality of the chief hospital, (St. Pieter's Gasthuis) during the 20 years from 1798 to 1817, was about 1 in 8.

The returns formerly afforded by Russia presented such extraordinary results that a general belief prevails of their surcharges and colouring; as when, in the progress of the Empress Catherine, artificial edifices were created in the distance, to amuse with an image of prosperity. The annual average of deaths at the imperial hospital for the sick poor, at Petersburg, has been for the 20 years ending in 1817, so high as 1 in $4\frac{1}{2}$.

The mortality of the two chief hospitals of Madrid was, in 1818, about 1 in 11. The report, however, is not very authentic, nor minute. At Barcelona, during 1823, the general hospital of Santa Cruz afforded about 1 death among 7 patients.

The annual mortality of Geneva is greater than that of Manchester, and is about the same as that of Glasgow and Birmingham. The mortality of its hospital, in 1823, was about 1 in 11; but about a third part of the patients were soldiers, whose presence generally lowers the sum of fatality.

The proportion of deaths to recoveries at the general hospital of Genoa was, in 1821, 1 in 6. At the hospital St. Giovanni, at Turin, it was in the same year 1 in 7.

At Milan, the mortality of the great hospital, during the three years ending in 1814, was about 1 in 6. In 1823 it was about 1 in 7.

At Pavia, where the most minute records are preserved, the total mortality of the hospital San Matteo della Pietà was, in 1823, about 1 in 10. The mortality of Hildenbrand's Medical Clinic was less than 1 in 6.

The mortality of the Medical Clinic of Padua, at which Brera is Professor, was, in 1821, about 1 in 11. At that of Bologna, where Tommasini is Professor, it was, about the same period, 1 in 10. We perceive the care and skill of these eminent men evinced by the degree in which they have counteracted the ordinary course of mortality in the Italian hospitals. That of the Santa Maria Nuova, at Florence, is 1 in 7; of the hospitals at Leghorn 1 in $7\frac{1}{2}$; of those at Rome about 1 in 7. At the

Foundling hospital of Naples the annual loss is 1 in 5; about the same occurs at Stockholm.

Some details might be adduced, which prove that the deaths of the patients at a London Dispensary are proportionably less numerous than at similar institutions at Berlin and Geneva.

EXPERIMENTAL PHYSIOLOGY.

BY M. MAGENDIE.

Abstract of Lecture Thirteenth.

ON THE FUNCTIONS OF THE DIFFERENT PARTS OF THE BRAIN.

Experiment First.—FUNCTIONS OF THE CEREBRAL LOBES.—The whole of these lobes were removed from a young rabbit: after the operation the animal was set at liberty—it became greatly agitated, and ran off as if taken with sudden fear. The corpora striata had been spared: the animal had lost its sight, for it did not move to avoid the finger or any other body placed before it; the eyes, however, remained open, and, to all appearance, were in their natural state.

Experiment Second.—The corpora striata were removed from the same rabbit, at different times, and completely so, which is essential to the experiment. The animal put himself immediately into the posture of running, the fore-legs stretched out in front, the hinder ones backwards; from time to time he suffered as it were attacks of projection forwards, either spontaneously, or in consequence of some excitation; however, these were by no means so marked as they usually are, which M. Magendie attributed to the feebleness of the animal; in fact, a second rabbit being subjected to the same experiment, exhibited these spontaneous and irresistible movements of forward projection in a much more marked and decisive manner.

Experiment Third.—The left thalamus nervi optici of the above animal was cut off and removed: when set at liberty, he turned round upon his paws to the right, much in the same way that a dog turns round before he lies down. This turning round is much more marked and irresistible when the same operation is performed upon the larger animals, in which there is a greater certainty of taking away the whole part. The right thalamus was next cut away

in the same animal: he sprang forwards immediately with great force, did not turn round as before, and at length fell upon the ground; there he cried and struggled, and at length turned upon his back, with the feet extended, and so remained, without any other motion than merely a short and slow abdominal respiration, unless excited; and this arose, as M. Magendie said, from the pons varolii having been wounded either in the fall or afterwards.

Experiment Fourth.—The pons varolii was cut on the left side only on a third rabbit: immediately the right eye turned upwards, and remained in that position; the left eye was turned downwards; the animal was let loose, and he immediately began to turn round from right to left, on his cerebro spinal axis, or, in other words, to roll like a cylinder of wood placed on a table. The pons varolii was then cut on the other side: the eyes immediately resumed their natural position; but the animal then continued immoveable, with merely a slow and short abdominal respiration.

Experiment Fifth.—In a fourth rabbit the middle portion of the cerebellum was divided: the animal instantly fell backwards, and all the motions which he attempted to perform, in consequence of any excitation, tended to carry him backwards. This involuntary retrocession is often much more marked: M. Magendie observed, that it usually continued until the posteriors of the animal encountered some obstacle to prevent his retreating farther; he declared that he had kept a bird for a long time, which always flew backwards, in consequence of its cerebellum having been pierced throughout its whole substance by a pin.

Experiment Sixth.—Upon a fifth rabbit the left side of the cerebellum only was wounded—that is, the left peduncle which joins the pons varolii: instantly the animal began to turn to the right, round his vertical axis, but in turning he evidently inclined to the left, in the same way as horses when galloping in a circle, which arose from M. Magendie's having prolonged the incision rather too much towards the right; the animal also had some tendency to move in a backward direction from the same cause. The other peduncle of the cerebellum was then cut: then when the animal was placed at

once upon his four feet, he remained in equilibrio; in this position the neck turned backwards, and the trunk arched, the four extremities being stretched out; but when placed upon the right or left side, he remained so, not being able to rise up.

Experiment Seventh.—The posterior part of the medulla oblongata was laid bare in a young rabbit; a curved and cutting knife was then introduced between the posterior pyramids, so as not to injure these parts; then it was withdrawn in such a manner as to divide the anterior pyramidal fasciculi: during this operation, and for some time after, the animal was convulsed, and universally weak; its respiration became abdominal; it was short and frequent; when the hind-paws were pinched strongly, he moved them, but without crying; when the fore-paws were pinched, he neither moved them nor cried; at length the convulsions ceased, excepting in the muscles of the palpebræ.

ON THE

APPLICATION OF MERCURY TO VENEREAL COMPLAINTS.

BY S. D. BROUGHTON, ESQ.

(Concluded from page 692.)

My attention has been particularly drawn to the subject of this paper lately, from the circumstances of the following case, affording a tolerable sample of the effects which the *blessing* handed down to us by our forefathers is capable of producing.

CASE I.—B. R. æt. 25, had gonorrhea, with phymosis, in February 1824, and slight enlargement of the inguinal glands occurred on one side of the body. Extensive superficial ulceration was discovered when the prepuce could be slipped back; the sores healed in less than a month. Six weeks from his first presenting himself were devoted to taking twenty grains of blue pill daily, and mercurial frictions were employed for three weeks. Violent salivation took place occasionally, and he was long under its influence. In three months his throat was ulcerated, and before the expiration of this period the mercury had been resumed, and only spared from excessive salivation. The palate, tonsils, and pharynx, were

involved in ulceration. Subsequently he went into a general hospital, and remained there nearly a year, mercury being again tried. When discharged, the ulceration had ceased; but soon afterwards violent pains took place in the limbs, and in about a month he was re-admitted into the hospital. Again mercury was administered, salivation being produced, and the teeth getting loose. Hot baths and sarsaparilla were used latterly in another hospital, and in seven months he was discharged from it, relieved by this treatment. Subsequently he came under my care at the St George's and St. James's Dispensary, complaining of pains in the limbs, a node on one shin, and much debility and emaciation. His breath was highly tainted, his voice snuffling and inarticulate, the ala nasi partly drawn on one side from ulceration within, and the integuments covering the nostrils looked of a livid reddish colour. He expectorated a profusion of saliva, with thick mucus and purulent matter. The tonsils were large, red, and firm; and the back of the pharynx was in a state of ulceration. A quantity of loose bone rattled in the nose interiorly, but could not be removed with the forceps; and the uvular processes were somewhat carious. He had great difficulty in swallowing, and his bowels were very costive.

On the 15th of January last, I commenced a course of sarsaparilla with him. Diluted muriatic acid was directed to be thrown up the nostrils with a syringe, and the throat gargled with infusion of rose leaves, myrrh, and honey; and the compound rhubarb pill was taken twice a day. His present situation is greatly ameliorated, though sufficiently wretched. Large masses of bone have come through the nostrils, and his throat is better.

The following case may be considered interesting, as one often attributed to the remains of venereal taint in the system, or deficient use of mercury, and which many would probably have treated with a full course.

CASE II.—In Sept. 1827, a military quarter-master put himself under my care, complaining of having had shooting pains in the head from May preceding, and sores upon the scalp, which first appeared in April. Ulceration also extended over the soft palate, uvula, and tonsils. His body was much emaciated, his tongue

covered with thick fur, his pulse quick, his appetite bad, and deglutition very difficult. A copious discharge of phlegm, purulent and mucous matter, was constantly going on. About two years previously, he was treated for an eruption of reddish brown patches, slightly elevated, to which he had of late been subject periodically; the eruption sometimes dying away, and then returning at subsequent periods, and shifting its place; the head, shoulders, and limbs, being principally affected. Latterly, some of these patches ulcerated, a portion of them drying up in crusts, and a few extending into open sores, from the size of sixpence to that of half-a-crown, and preceded by pains in the arms and shoulders. Just before the eruption first appeared, a superficial sore on the penis, inside the foreskin, healed under the application of an astringent wash, after three weeks duration, leaving no vestige behind. The eruption was unaccompanied by fever, nor were his appetite and appearance bad; — his bowels were regular. The eruption was treated with the decoction and extract of sarsaparilla, moderate doses of the oxymuriate of mercury being given daily, and five grains of the blue pill twice a day. The red precipitate ointment was applied to the sores until they assumed a clean granulating appearance, and then a solution of blue vitriol in camphor julap, healed them without difficulty. The oxymuriate of mercury, and the blue pill, were discontinued after one month's use; and in a fortnight he was perfectly relieved and well, his mouth being affected. The sarsaparilla had been taken at intervals from the commencement of the eruption. For some months during the progress of this complaint, he neglected himself, and was exposed to vicissitudes of weather and temperature; and there was reason to believe he had taken mercurial pills abundantly from a druggist. When under my control, from the 9th September, 1827, suffering from fever, and the state of ulceration in the throat (as described), together with the sore on the scalp, and with costive bowels, he was put upon a milk diet and broth, and the following draught given every four hours:—

R Misture Salinæ ℥iss.
Liquor. Ant. Tart. ʒj.
Magnesiæ Sulphatis ʒj.
Spirit. Ætheris Nitrosi ʒss. ft. haust.

The throat was gargled frequently with solution of nitre in barley water, sweetened with honey, to which a little tincture of myrrh was added, and fumigated by an inhaler; and the hot bath was occasionally used. The compound colocynth pill was also taken at bed-time when required. The sores on the head were dressed with red precipitate ointment; and one large ulcer, in a very sloughy state, upon the crown, was poulticed with linseed meal. The pharynx exhibited a state of inflammation and tumefaction round the ulcerated parts, which were covered with a white viscid substance; and his voice was snuffling and inarticulate. In ten days the velum palati exhibited a circular orifice, about the size of a sixpence, from a slough which had been gradually formed and cast off just above the uvula. The ulceration then extended in a straight line, right and left, from this central point, removing the uvula and velum palati.

On the 19th of Sept. (ten days from his admission), the febrile symptoms being subdued, the decoction of sarsaparilla and extract were given, with a small dose of the liquor hydrargyri oxymuriatis, thrice a day. The decoction and oxymuriate were, however, omitted in about a week, as they disagreed with the stomach, and were difficult to swallow.

As the sores got into good healing condition, the shooting pains of the head subsided. The mistura quiniæ, in small quantities, was substituted for the sarsaparilla; and as the sloughiness of the throat assumed a healthier appearance, the decoction of bark, with sulphuric acid and tincture of capsicum, replaced a gargle of the mel æruginis and lime water. On the 4th of Oct. the quinine mixture agreeing with the stomach, was strengthened from four to five grains in each dose, with twenty drops of the diluted sulphuric acid and syrup. In the meantime, though the appetite and digestion had but little improved, and he was still very weak, the ulcerations were every where improving in appearance, and cicatrising at their edges. By Nov. they were healing very fast, but he complained of being choked with phlegm. The sarsaparilla was again resumed, in less quantities, and gradually augmented; and the quinine mixture left off. The sores on the scalp were nearly healed,

under the application of solution of blue vitrol in camphor julap.

On the 21st of November he returned to his duty, when all ulceration was perfectly healed, the tongue clean, the appetite restored, the bowels regular, the countenance healthier, and the bodily condition generally improved.

I supposed that the loss of the velum palati and uvula would greatly impede the speech; but as soon as the throat healed, the voice became again articulate; so that these parts may be presumed to be more subservient to deglutition, by guiding and directing the passage of morsels of food and liquids, than to speech, although the latter office has been assigned to the uvula.

The following case shews the occasional influence of excessive mercurial treatment upon the system, and the removal of an ulcerated state of the throat consequent to it without mercury.

CASE III.—S. S. æt. 23, a Dispensary patient, under my care in February 1823, with pains in the joints, superficial and extensive ulceration of the pharynx, marks of an eruption over the body, a strong mercurial odour in the breath, and the gums evincing mercurial influence. He had also a furred tongue, emaciated appearance, and bad appetite. A recent sore appeared beneath the foreskin of the penis, which spread quickly, but not deeply.

It appeared that somewhat more than a year ago he had gonorrhea, and a bubo in each groin, with a sore on the side opposite to that of the last-mentioned, which healed in a few weeks, and left no mark. He took mercurial pills daily, and suffered excessive salivation for some weeks. Between three and four months afterwards an eruption spread over the body and limbs, and the throat became ulcerated. He went into an hospital, where he passed through a short course of mercurial friction, and he quitted the hospital with the throat healed. It was shortly, however, brought into the same state of ulceration as before, and at this period he came under my care, at the St. George's and St. James's Dispensary, with inflammation round the ulcerated portions of the pharynx, and in the state above described. The *lotio nigra* was applied to the recent sore of the penis, and it healed in less than three weeks. The decoction of sarsaparilla and extract were given freely every day, and

the throat was gargled with astringent and stimulating solutions. Under this treatment he recovered his health and strength, and was finally discharged with the throat healed, and otherwise well.

The effects of mercury upon a naturally delicate constitution, and the removal of primary and secondary symptoms, without mercury, are shewn in the subjoined example of two distinct venereal complaints in one person, and at different periods.

CASE IV.—J. H. æt. 20, a dragoon, went through five weeks' course of mercurial friction, attended with severe ptyalism, during which period a sore on the penis healed. Eight months afterwards he had violent pains in his limbs, increased at night, with thickening and tenderness of the periosteum in both legs, shortly succeeded by a foul ulcer in both tonsils; and he was emaciated and out of health. These symptoms continued two or three months, during which he used hot baths, gentle aperients, astringent and stimulating gargles, with fumigation from the inhaler, and the decoction of sarsaparilla and extract. His diet was light, and principally farinaceous at first; and he finally quitted the hospital in restored health.

After his discharge, he again contracted sores on the penis, from impure connexion, and these healed in about five weeks, with astringent lotions. The sores were not deep, and their edges were nearly even with their centres. Pains of the limbs, but less violent than the last, together with a slight appearance of *lichen*, followed in a few weeks; and recourse was again had to hot baths and sarsaparilla; and he was shortly discharged cured, and went to his duty. In the winter, however, pains like rheumatism returned, and soon yielded to hot baths, and occasionally a few small doses of calomel and opium at night.

The following case exhibits secondary symptoms, following sores on the penis, which were treated with mercury, cured without mercury.

CASE V.—W. B. æt. 23, a dragoon, contracted sores on the penis from connexion, which he concealed, taking mercurial pills largely every day, from an empiric. In three weeks the sores healed, and he was much salivated. Shortly afterwards, he was admitted into

the regimental hospital with fever, extensive ulceration of the palate and uvula, difficulty of deglutition, disordered health, and emaciation. An eruption of distinct elevated tubercles spread over the body and limbs, and upon the scalp, some of which died away, and others, in appearance like *rupia*, advanced. Saline mixture, with full doses of tartarised antimonial wine, and hot baths, subdued the febrile symptoms. The throat was washed with acidulated astringent gargles, and fumigated by means of an inhaler with cinnabar. The voice was snuffling and inarticulate. Subsequently to the subjection of the fever, he was prescribed the decoction of sarsaparilla and extract, with small doses of the liquor arsenicalis, three times a day. The sores were poulticed where they were large and foul, and others dressed with red precipitate ointment, and, finally, with solution of blue vitriol in camphor julap. Under this treatment, and a suitable change of diet, he recovered his health. Having been admitted on the 16th of June, 1821, he returned to his duty on the 25th of October following.

The next case which I shall adduce, is one of secondary symptoms aggravated by mercury.

CASE VI.—E. C., æt. 24, a military musician, had a superficial sore on the frenum, which healed in less than a month, with astringent lotions. About five or six weeks after, he was exposed to wet weather, with inflammation of the throat, and an ulcer formed in each tonsil. He procured gargles and mercurial pills from a druggist, and became very much salivated. On the 21st of June, 1824, he was admitted into the regimental hospital, with an eruption of red patches all over the body, preceded by fever, and the throat extensively ulcerated. He was much emaciated, had a furred tongue and bad appetite. The ulcers in the pharynx appeared sloughy and spreading, involving the uvula and tonsils. The fever was treated with saline mixture, and tartarised antimony, and Epsom salts. The throat was gargled with bark and alum, and, as there was pain, a plaister of soap and opium was applied to the throat externally, and the inhaler was used to fumigate the ulcers. He occasionally used hot baths. In about a week, the febrile state gave way, and left much debility. The fever diet was

then changed for one of good broth, milk, &c. and the saline mixture was changed for the decoction of sarsaparilla and extract. About the first week in July the throat was perfectly healed, and the eruption gone off, and, in a few days, he returned to his duty. On the 11th of November following, he was re-admitted, with an ulcer on the velum palati, which looked healthy and very superficial. A few scattered reddish papulæ were observed on different parts of the body, which died off with the desquamation of the cuticle covering them. A gargle of bark, myrrh, and capsicum, was prescribed, and the decoction of sarsaparilla with extract, and small doses of oxymuriate of mercury given thrice a day. On the 8th of December he returned to his duty, quite free from ulceration and eruption.

The above six cases are selected from a stock containing many similar; but it is not so much my object to accumulate examples of the points to which I have referred, as to illustrate some of my positions. Instances of the above description have often fallen under my notice in hospital and dispensary practice, and some could be produced from among private patients; and such are doubtless to be found in the records of cases, which must occur to the remembrance of other practitioners. I am induced to believe, both from the foregoing facts and observations, and those which are put forth by Dr. Thompson, of Edinburgh, Dr. Ferguson (late Inspector General of the Portuguese army), Mr. Guthrie, and others—

1. That all the forms in which venereal complaints present themselves, are to be removed without the aid of mercury; and this is more especially and remarkably the case in regard to the secondary symptoms of the disease.

2. That mercury has formerly been, and frequently is still, used in an unnecessary, indiscreet, and highly dangerous manner.

3. That mercury, judiciously and alteratively used, is not only an excellent, but perhaps the best remedy in many venereal complaints; nevertheless, a tithe of the quantity anciently administered is generally sufficient, and more than sufficient, probably, to eradicate the primary symptoms; while, again, a tithe of that tithe, or a cen-

time, has been found competent to eradicate the secondary stage of the disease*.

4. That mercury is very far from being a certain preventive of the secondary train of symptoms in any form or quantity.

5. That mercury, when pushed far, induces ulceration of the mucous secreting surfaces, more especially of the inner palate, throat, and fauces, as well as affections of the bones, so exactly resembling those ascribed to true syphilis, that the most experienced surgeon cannot detect any difference. In the hands of the members of the old school, mercury, in fact, creates its own work, by establishing diseases which have too often been confounded with venereal poison, and thereby led to a most dangerous and destructive practice.

6. That the train of symptoms following mercurial treatment, has been found more severe and difficult to remove than that which follows primary venereal sores *not* treated with mercury; and that repeated relapses into secondary symptoms are removed with increased facility every time they occur (as if the disease wore itself out) in cases wherein no mercury has been given.

7. That while mercury, through its *accumulative* power, is the best and most powerful *alterative* ever discovered in numerous inflammations—such as the iritic, the hepatic, the dysenteric, the rheumatic, &c.—and is singularly powerful against that resulting from venereal poison; yet, if given incautiously, it tends to undermine the healthy state of the constitution, to establish, in some instances, and in others to aggravate, constitutional diseases—to increase constitutional irritability—to excite inflammation and ulceration in, and to destroy the mucous textures of the body—to promote morbid absorption and removal of the fatty, fibrinous, and osseous substances of the system—and to induce synovial, albuminous, and serous accumulations in the respective cavities lined with the membranes producing such secretions;

* Vide Abernethy on his imaginary *pseudo-syphilis*, who cured so many of the worst cases of the disease with so little mercury, that he actually distrusted the work of his own hands, and therefore summoned the trustiest of his brethren of the old school, to vouch for the impossibility of the diseases so treated being truly syphilitic.

although, in moderate doses, mercury tends to remove such accumulations.

8. That the extent and injury to the soft and bony parts of the system, arising from the action of mercury, is far more dreadful than any primary or secondary effects of venereal poison.

9. That mercury never was a *specific* against the venereal poison, for relapses were constantly occurring during its fullest operation; nor possessed any virtue in the cure of the disease beyond being the most powerful *alterative* in the hands of the medical practitioner; and that the creed so long believed in (to the ruin of the health of multitudes, through mercurial salivation), of its indispensibility towards the cure, and the destruction of the patient if omitted, is utterly false and groundless; facts which can admit of immediate every-day demonstration in the many thousands of the healthiest British soldiers, *who have been easily, effectually, and permanently cured of every stage of the venereal disease, without ever having taken one particle of mercury.*

The bigotted adherence to a belief so false, and so universal, in which the wisest and most philosophic of our profession blindly participated, will be quoted by after ages as a national reproach; and, as it has indeed already done, will, it is to be feared, go far in destroying our confidence in all medical dogmata, or even doctrines, whatever.

10. That mercury is wholly inadmissible in cases of *sloughing* sores of the penis, wherein there is preceding high inflammation and tumefaction of the parts affected, attended with fever; as it aggravates the local symptoms, and increases constitutional irritation; *and that mercury is inadequate to the cure in such cases, specific contagion being superseded by violent inflammatory action*, which is too rapid in its course to be overtaken by the accumulative power of mercury, or by any remedies but *those which act immediately and directly upon the symptoms of danger**.

The two following cases may render the 10th and last position intelligible, and otherwise illustrate the treatment of such cases.

* It has occurred to the author to notice two distinct examples of destruction of the penis—in one case entirely, and in the other reducing it to a short stump—following the application of mercury to sloughing sores on the penis, consequent to inflammation and fever.

CASE 1.—Dr. Ferguson, of Windsor, (who first drew the attention of the public to the non-mercurial treatment of the venereal disease in Portugal, when he was Inspector-General of Portuguese Hospitals *,) attended an officer, in Lisbon, four days after connexion, the whole penis being enormously swelled, of a deep red colour, with malignant looking sores on different parts of the prepuce, and two on the glans penis. He was young, robust, plethoric, and of a sanguine temperament. The skin was hot, the pulse sharp and quick, tongue white, and eyes red, although the patient was living temperately. The catastrophe, Dr. F. well observes, if left to nature, was at hand; or if a few doses of bark, wine, and opium, had been given, his fate would have been inevitable. But he was, most judiciously, treated very differently: *he was blooded largely, the coldest lotions were applied to the penis, he was purged actively with neutral salts, and placed on spare diluent diet.* Under the then almost universal impression among English surgeons, the forbearance of mercury in the above described state, appears to have been as judicious and creditable as it was bold;—perfect success was the reward.

CASE 2.—R. S., æt. 22, a dragoon, of robust and healthy appearance, although he had suffered, about a year previously, from typhoid fever, was under the author's care in June 1826, the weather being very sultry. The penis was much tumefied and inflamed, a large sore on one side of the glans, producing great pain, three or four days after connexion. His pulse was strong and full, amounting to 120, his tongue white, and the skin dry and hot. Copious bleeding was immediately practised, full doses of neutral salts and senna were given, together with one drachm of the liquor. antim. tartar. in a saline draught every four hours, and ten grains of James's powder at night. The penis was kept cool with the saturzine lotion. Next day after his admission on the 11th of the month, the pain and fever were diminished. The sore appeared to be sloughed deeply, and the slough was partly separated on the 17th. The day after, all pain and tumefaction ceased. On the 20th, the slough came away, and left a deep excavation, looking florid and healthy.

By this time he had no fever, and was in good health. A poultice of poppy head decoction and conium had been substituted for the cold lotion, and when the slough came off, the *lotio cupri sulphatis* was applied to the sore. Granulation went on quickly, and early in July the ulcer was perfectly cicatrized. On the 8th of July he returned to his duty.

S. D. BROUGHTON.

12, Great Marlborough-Street,
April 26, 1828.

CHLORIDE OF SODA.

To the Editor of the London Medical Gazette.

SIR,

HAVING employed the chloro-sodiac solution of Labaraque successfully, in relieving one of the most distressing and formidable symptoms of scarlatina maligna, I am anxious to make the fact generally known to the profession, through the medium of the Gazette.

The symptom to which I allude is the coryza, that usually occurs on the second or third day of the disease, producing, by the acrimony of the discharge, great soreness and excoriation of the nostrils and upper lip; disordering the stomach by the morbid sanies distilling into the œsophagus; augmenting the febrile state; and bringing on severe diarrhœa, with its accompaniments, petechiæ, vibices, and the other malignant changes, which generally lead to a fatal termination of the disease. The influence of the chloro-sodiac solution in arresting the progress of this coryza, was very remarkable in the case of a young gentleman at Hampstead, in the treatment of which Mr. Stephenson, of that place, did me the honour to consult me. You will be enabled to judge of the beneficial effects of the solution from the following details:—

March 16, 1828.—I was requested to see Master M. who was labouring under scarlatina maligna. He was about 10 years of age, and rather of a delicate frame of body; he had been in bed three days. The eruption had appeared in patches only, and was rather pale; the features of the face were swelled; and an acrid discharge was distilling from the nostrils, which had ulcerated the upper lip, was impeding greatly the breathing, and emitted an

* Vide Med. Ch. Trans. vol. iv.

offensive odour. The tonsils were covered with grey sloughs; there were irregular chills and flushes, great restlessness without sleep, and some delirium. An emetic had been administered in the commencement of the disease, the bowels freely opened, and the general treatment conducted on the most judicious plan. As nothing required to be altered in this respect, I turned my attention chiefly to the state of the nostrils, which experience had taught me indicated the worst termination of the case, if it could not be quickly subdued; and I resolved, therefore, to try the effect of a lotion containing the chloro-sodiac solution, which I ordered in the following form:—

Rx Solutionis Chloro-Sodiacæ f. 3vj.

Aquæ Distillatæ f. 3v.

M. ft. lotio, subinde in nares injicienda.

March 17.—The lotion has been thrown into the nostrils by means of a small gum elastic bottle, mounted with an ivory tube. After the first two or three times of using it, a considerable quantity of horribly offensive matter has been brought away; this has now ceased to come down; the coryza is completely checked, and the ulcers of the lip are clean, and appear to be disposed to heal. The fever has also abated; a brown crust which extended over the tongue is gone, and the tongue itself is comparatively moist. The rigors and flushings have ceased; and, indeed, the whole disease has assumed the form of a mild case of scarlatina-anginosa. It is rational to suppose, that the other parts of the treatment have contributed to this favourable change of symptoms; but, nevertheless, much is owing to the coryza being checked, and the stomach thereby freed from the irritation of the discharge from the nostrils.

Perstet in usu lotionis.

March 19.—Our little patient became much better since the progress of the coryza was arrested by the chloro-sodiac lotion; every symptom now augured a favourable issue. I took my leave, and left the case in the hands of Mr. Stephenson, who has since informed me, that it terminated without the smallest untoward symptom.

I remain, Sir,

Yours respectfully,

ANTHONY TODD THOMSON.

3, Hinde-Street, Manchester-square,
April 8, 1828.

ON THE SECALE CORNUTUM, OR ERGOT.

By W. P. DEWEES, M.D.

Adjunct Professor of Midwifery in the University of Pennsylvania.

THE ergot has obtained throughout this country, as well as in Europe, a reputation as a powerful auxiliary in the practice of midwifery. But great diversity of opinion seems to exist, as to the precise estimation in which the article should be held; its claim being extravagantly urged by some practitioners, while by others it has been condemned as useless, and its employment even deprecated. Under these circumstances, it may be considered as not altogether uninteresting to inquire, what are its real powers; under what circumstances it is useful; and, what are the rules which should be attended to, in order to prevent any evil following its exhibition.

The action of the ergot appears to be specifically upon the uterine fibres; urging them sooner or later to more or less violent contraction. It is not the alternate contraction alone that is increased by this substance; the tonic, which is of much more value, is also powerfully augmented; since it can, in consequence of this power, be most advantageously employed, in many cases where this effect is all-important. In this respect it appears different from other stimuli, which may exert an influence upon this organ; such as opium, the oil of cinnamon, volatile alkali, &c.; or the mechanical stimulus of the forceps, vectis, or the hand.

Each of the stimulants just mentioned has been known to rouse the alternate contractions of the uterus into a temporary, and sometimes successful action; but after neither does the tonic contraction follow, with any degree of certainty; nay, we may with much truth declare, that inertia of this organ is very apt to follow their employment. Thus we witness hæmorrhage sometimes succeed the use of either of the remedies just named, though successfully exerted as regards the mere delivery. But so far as my own experience goes, or a pretty extensive inquiry will justify the declaration, I can say, that neither myself, nor such of my friends of whom I have asked the question, have ever

witnessed such a consequence follow the use of the ergot.

So far then, I think we may with much confidence declare, that every other stimulus which has contributed to the energy of the uterus, except the ergot, has been followed occasionally by inertia of that organ; this fact is of high practical importance, as it leads to an almost certain mode of treating such females as may be habitually liable to floodings after delivery. It also, on the other hand, points out a caution of equal practical importance; namely, not to exhibit it, when there may be a chance that turning may be necessary; but more of this presently.

There is another peculiarity attending the action of this substance; not less remarkable, perhaps, though not equally important; namely, the promptitude of its action; for we have constantly observed, that if it do not manifest an influence in twenty minutes, or half an hour at farthest, it utterly fails. The action of this substance is generally so extremely prompt, as sometimes to create a doubt of its agency in the minds of those unaccustomed to its influence. But I am quite certain, that the ergot never acts with so much efficacy as when it acts quickly; indeed I might say that its success is almost in proportion to its promptitude. By many, this very sudden action of the uterus has been attributed to coincidence, rather than the effect of the remedy. This may occasionally be the case, as we see changes, similar to those effected by the ergot, take place as suddenly where none has been exhibited; but it would be unfair to declare this to be the case always.

As regards myself, I have the most firm reliance upon the powers of the ergot. And, the character of its action is so distinctly marked, that a very little observation will enable us to detect it. Whether or not the peculiarity of the effort produced by the ergot has been observed by others, I cannot say; it appears to be perfectly well defined and characteristic; so that I think I am always able to distinguish the cases of coincidence, from those in which the ergot is decidedly operating.

When ergot has been administered with success, we find the uterine effort not only more quickly repeated, and more powerfully exerted, but these efforts are accompanied with less suffering, than the same apparent exer-

tions of this organ, where not urged by this drug. The woman, when interrogated with respect to her feelings, expresses her sensations by saying she feels "as if every thing was forcing from her;" but at the same time admits, that the pains have not the same character with those she suffered before: indeed, it very frequently happens, that there is a great abatement of suffering, by converting a concentrated pain, and this most frequently in the back, to a more generally diffused one over the abdomen; or by obliging the back to participate, if the abdomen has been the particular seat of it. At the same time, it must be confessed that the intervals between the contractions are more uncomfortable, as an almost constant *nismus* is kept up by the excited, or rather, it would seem, the goaded uterus, though the sensation does not amount to pain. Now the presence of the circumstances just noticed, constitute the peculiarity of the action of the *secale cornutum*.

Some of my medical friends, but they are very few indeed, declare they never have witnessed *any effect whatever from the ergot, even when it has been administered in large doses*. I can account for this discrepancy of result, only by supposing the ergot which they employed was effete; a circumstance, I have reason to believe, from experience, of no unusual occurrence.

As every thing depends upon the proper quality of the ergot, it should be kept whole in a glass bottle with a ground stopper; and only powdered, *pro re nata*; nor should it ever be used when it exceeds a year in age; for the ergot, like almost every other vegetable substance, is easily acted upon by heat and moisture; and consequently, it is easily deteriorated when exposed to their influence. I have in several instances failed to produce the slightest effect with the ergot procured at one shop, whilst that from another, in the same patient, has been as prompt as efficacious.

I have generally administered the ergot in substance; some prefer it in infusion. Twenty grains, in a little sugar and water, may be given at once; and I seldom exceed this quantity, as I have rarely found the further exhibition of it attended with better effect.

I think I am every way right, when I say, that there is no decisive instance

extant, in which the ergot has had a direct unfriendly influence upon the child. I am aware much has been said to the contrary, by many respectable practitioners; but I think it would be no difficult matter to show, that when a still-born child has followed the exhibition of the "ergot," it has been constantly owing to the following circumstances: first, it has been given too early; that is, long before any reasonable expectation *should have been entertained*, that delivery would soon follow its exhibition, owing to the want of relaxation in the soft parts: second, given when the head has not been well situated, and the practitioner perhaps not aware of this circumstance; consequently, making a wrong estimate of the time that must elapse before delivery could take place, after its exhibition. This latter error very commonly arises, from the facility with which the head of the child may generally be felt; or its supposed disposition to escape through the external parts, because they, as well as the uterus, are favourably disposed. No mistake is more common, among those who are ignorant of the mechanism of labour; for they suppose there is little to do; and "were the pains but *a little stronger*, the child would soon be delivered:" under this delusion the ergot is given, with the expectation of a speedy issue. But this does not take place agreeably to their hopes, and very much to their surprise; for they are altogether unable to account for its failure. Whereas, an enlightened practitioner, would instantly have detected the wrong position of the head, and would have seen at once how much was yet to be effected before delivery could take place. He would also have been able, very nearly, to determine the time and the degree of effort it would have required to terminate the labour; and he would have withheld the ergot, until more had been done by the unaided contractions of the uterus.

But certainly the most common cause of the failure of the ergot is owing to its injudicious and indiscriminate exhibition. It has been given, we have well ascertained, before the membranes have been ruptured, or the os uteri at all dilated, and while the external parts were quite rigid. What but defeat and injury can result from such an improper use of this powerful aider of uterine contraction? This substance is now in familiar use

among midwives who have neither principles nor experience to direct its proper employment, and we are credibly informed it is used in this city by a practitioner in extensive business, in almost every case to which he is called.

This is truly the abuse of a valuable remedy; for if our information be correct, the too free use of it in this gentleman's practice has occasioned very many prolapsus uteri. This effect of the ergot may perhaps be questioned by some, but I have not the smallest doubt of the fact, from what I have seen when this medicine had been improperly taken. A lady aborted at a little beyond the fifth month, with twins. The involucra did not come away for several days after the expulsion of the embryos; and as these came off in one mass very soon after taking twenty grains of ergot in powder, the lady could not be persuaded but that one of the placentæ remained, and became very anxious for its discharge, and desired that another dose of the ergot might be given her. This I absolutely refused; but at the same time assured her in the most positive manner that nothing remained to come away. She, however, it seems, was not convinced; for I had scarcely left the house before she caused another portion of the ergot to be given her. The consequences were a repetition of violent pains, and the escape of a considerable portion of the uterus through the os externum. She became now excessively alarmed, and I was sent for in haste. I found her in great agony—an agony resembling that of the last moments of labour; and upon examination, the uterus was found in the situation just mentioned.

The uterus, owing to the constant and violent nismus created by the ergot*, was restored with some difficulty, and the pains were appeased after a while by large doses of laudanum. She was obliged to wear a pessary for a long time before the uterus recovered its position.

I am, therefore, convinced that much future injury has been sustained by giv-

* This effect of the ergot has often been noticed; the impression it makes upon the nervous system remains a long time, sometimes even after this substance has been rejected from the stomach; in this respect it is like opium and some other narcotics. Desgranges assures us he has seen the ergot ejected by vomiting, and yet the delivery has gone on with equal speed and certainty.

ing this medicine in cases where there is little or no resistance to be overcome; for in such cases the increased efforts of the uterus, produced by the ergot, continue after the child is delivered, as its impression does not immediately wear off. In this case, it took place at a time when the uterus had nothing to support or retain it within the pelvis; it must, therefore, become prolapsed if not protruded.

From what has been said, it would appear that the ergot is a powerful medicine; so powerful, indeed, that well defined rules should be laid down for its use. It would seem that it is the improper exhibition of this drug, and not any specific power, that creates the evils but too commonly charged to it; also, that there is no satisfactory evidence of its exercising any baleful effects upon the child in utero.

The following rules for the use of the ergot, if attended to, I think will prevent any evil following its exhibition.

1st. It should never be given before the membranes are ruptured, the os uteri dilated, and the external parts disposed to yield.

2d. It must not be used so long as the natural pains are efficient, and competent to the end.

3d. But should they flag, from any cause, it may be given; provided the labour be a natural labour according to our acceptation of the term "natural labour," that is, when the head, (if well situated,) the breech, the feet, or the knees, present. For independently of any accident which may complicate the labour, it is sometimes desirable, for the safety of the child, to hasten it when the natural powers are incompetent to this end.

4th. And if the labour be accompanied by any such accident as flooding, convulsions, syncope, &c. it may sometimes be employed to great advantage, provided rules 1 and 2 are not violated.

5th. It may be used very often with much advantage in every kind of premature labour; and at full time, when the placenta is not thrown off, and the uterus is found in a state of atony.

6th. Where flooding takes place after the rupture of the membranes; the os uteri well dilated; the pains feeble, but the child well situated.

7th. Where the head of the child has been left in the uterus by being separated from its body.

8th. Where the uterus is painfully distended by coagula.

The ergot may also be used with a fair prospect of success, when the head of the child has been left within the cavity of the uterus after the delivery of its body, when no objection can arise from the unhealthy condition of the pelvis.

I have also derived much advantage in several cases of menorrhagia, where the long continuance of the disease, rather than the immediate excess of the quantity discharged, rendered it important it should be arrested. I have given in such cases one grain, three times a day, in the form of a pill, and continued it for some time.

It may also be useful in cases of polypi; where it shall be desirable to force these substances beyond the neck of the uterus, for the purpose of applying a ligature, or with a view to their excision.

American Journ. of Med. Sciences,
Feb. 1828.

ANALYSES & NOTICES OF BOOKS.

"L'Auteur se tue à allonger ce que le lecteur se tue à abrégér."—D'ALEMBERT.

Morbid Anatomy of the Brain. By
ALEXANDER MONRO, M.D.

THE volume before us is, in a great measure, a record of facts, which 25 years' observation, and patient investigation of, organic diseases of the brain, has afforded, with such inferences as to the origin, progress, and treatment of hydrocephalus, as the preceding facts, in connexion with the phenomena observed during life, appear to warrant.

Dr. Monro divides his volume into two chapters:—the first, comprising the morbid appearances; the second, the symptoms, prognosis, and treatment;—and we shall adhere to his arrangement.

Composition of the effused Fluid.—Serous membranes cover the brain, and line the ventricles: during health, these, as other analagous membranes, are merely bedewed by a serous exhalation; but from disease, we may have either a morbid dryness, or a preternatural accumulation of fluid; the latter constituting hydrocephalus. This fluid is generally transparent, and devoid of smell, colour, or taste. Sometimes, however, it is turbid, having floating in

it, according to some authors, films of coagulable lymph, and consisting, according to the analysis of Dr. Duncan, jun., chiefly of mucus, with a small portion of albumen. The solid constituents, according to Dr. Marsh, in 1000 grains, being

Water	990,80
Muco-extractive matter, with a vestige of albumen	1.12
Muriate of soda	6.64
Subcarbonate of soda, with a vestige of an alkaline sulphate	1.24
Phosphates of lime, with traces of phosphates of magnesia and iron20

Dr. Trail, of Liverpool, analyzed the fluid drawn from the brain during life, and found it "had rather the character of mucus than serum, which arose from the presence of lactates, with a minute portion of albumen." Some months after the first tapping, the head was again punctured, and 8 oz. of fluid abstracted. "This had all the character of diluted serum," for, raised to near the boiling point, "it yielded an opaque yellowish white coagulum, indicating the presence of a considerable quantity of albumen." This effusion takes place not only into the serous cavities, but sometimes between the laminae of the dura mater, between the arachnoid and pia mater, at the base of the brain—or, as in a case lately seen by Dr. Duncan, jun. is encysted in the substance of the brain itself, within the ventricles, or attached to the membranes; and it is a curious fact, that the parts in contact with these cysts (which vary in size, from a millet seed to that of an orange) are wasted: thus the skull becomes soft. In this way they occasionally pass out from certain organs (as the liver, or ovaria) in which they were embedded.

Before puberty, the bony envelope is under the influence of the contained fluid, and undergoes successive changes in size and shape. Occasionally, before birth, the head has attained so considerable a size, as to prove a serious obstruction to parturition; even requiring the fluid to be evacuated before delivery can be accomplished. If the effusion commences soon after birth, the cranial enlargement which takes place will be equal; except, as it frequently happens, it should be modified

by unequal pressure, as from the child's lying in one position;—but if at a later period, (when there is a more perfect, though still incomplete, ossification and union of the bones) the resistance offered will be irregular, and consequently the enlargement unequal. In the first case, the forehead becomes more prominent, and the lateral development, particularly those parts corresponding to the centres of ossification, will be remarkable; giving to the face, instead of an ovoid, a somewhat triangular shape—the brow forming the basis, and the chin the apex. At a more advanced period, the fluid within, "raising the bregma and membrane between the parietal bones," gives to the head "somewhat of a conical figure;"—from, however, the parts around offering less resistance than the centres of ossification, the former will ultimately bulge out, destroy, thereby, the prominent appearance of the latter, and give to the head a somewhat "globular" form. The progress of ossification of the sutures is slow and irregular—frequently in patches; appearing, when examined by the hand, as if the skull had been broken into several pieces.

State of the Brain.—"When the accumulation of fluid within the head amounts to several pounds, the brain resembles a bladder filled with water," of varying degrees of thickness. Sometimes no vestige of it is left on the side on which the patient is accustomed to lie in bed. Mr. Allan Burns has communicated a case in which the brain "resembled a thin film lining the pia mater;" and even this, in some places, was wanting. There was no appearance of corpus callosum, septum lucidum, thalam. nerv. opt. or pineal gland. The lobes of the cerebellum were not larger than walnuts, and, to appearance, made up of a transparent jelly. Sometimes, in such cases, the cortical and cineritious portions of the brain cannot be distinguished; but, "when obvious, they are disposed in an horizontal direction in respect to each other; the brain being unfolded by the accumulated water, a circumstance described by Bertin and Vater."

In less severe cases the thalami and striated bodies are separated and disfigured—the ventricles dilated—and the various foramina—as the infundibulum—that connecting the 3d with the 4th ventricle, and particularly the one first

described by Dr. Monro's father* ; connecting the lateral ventricles together, and with the third, are considerably enlarged.

The cerebellum is sometimes flattened ; the optic and olfactory nerves, especially the former, smaller and more firm than natural ; the seventh pair generally escape. The author has seen the pineal gland converted into a bag, containing fluid. The petuitary gland (to which M. Petit has imputed the effusion in hydrocephalus) is sometimes enlarged and indurated. In some rare cases (as in one related by Dr. Spurzheim) the fluid within the ventricles communicates with that contained between the brain and dura mater, by a division of the corpus callosum. Dr. Duncan, jun. has described† a bifid brain, having 136 oz. by weight of clear water within it. The lymphatic glands, at the upper and back part of the neck, are frequently enlarged.

The result of our author's investigations upon the "consistence of the brain" in this disease is, that *generally* it is *neither harder nor softer than natural*. Sometimes, however, he has seen it in the *latter* condition, and his father relates two cases of the *former*. Our author imputes the *softening rather to debility than chronic inflammation*.

In *acute* (but never, according to Dr. Monro's experience in the *chronic*) hydrocephalus, several kinds of tumors are to be met with in the substance of the brain. 1st. The hydatid (as before alluded to) : 2nd, the scrophulous : 3rd, the adipose (rarely to be seen). The 4th variety is "a vascular lobulated, and fungoid tumor:" 5th, from its firmness, designated "scirrhus:" 6th‡, bears a close resemblance to fungus hæmatodes : 7th, encysted bony tumor : and, lastly, melanosis of the brain. For a more full account of each variety our limits oblige us to refer to the volume itself.

Organic Derangement of the Membranes.—The dura mater is sometimes a little thickened, and lined with a film of coagulable lymph, or having small patches of bone, or any of the above tumors, of various sizes, attached to it :

the arachnoid loses its transparency, presenting, particularly at the base, a milky appearance : the pia mater is frequently engorged with blood.

In the second chapter, Dr. Monro first treats of a form of the disease under the term "most acute," which he was not aware, until this part of his volume was about to go to press, any author had before described. Dr. Burns, however, had already, in his midwifery, referred it to an affection of the 8th pair of nerves ; and the dissections of our author, without a knowledge of this circumstance, shew inflammation around the origin of those nerves, and of course tend materially to establish that opinion.

It may truly be called the "most acute"—so sudden is its attack, rapid its course, and fatal its termination. The symptoms are very analagous to those which follow injuries to, or a complete division of, the above nerves. It is most frequently met with in children ; and begins like croup. The child, without previous indisposition, suddenly wakes, and starts in great agitation : the voice is croaking ; there is hoarseness and pyrenia ; the countenance indicates great anxiety ; tossing of the head from side to side ; quick and laborious respiration ; sometimes convulsions ; and if vomiting is produced, the food is found undigested : to these symptoms succeed lividity of the countenance, dilatation of the pupil, coma, and death. It is distinguished from croup, by the "patient, at the outset of the disease, seeming in a state of nervous irritation ; often starting in his sleep ; and in a short time the disease assuming the appearance of a spasmodic affection of the larynx rather than of inflammatory croup." There is less wheezing : relief is not afforded by mucous expectoration, or by vomiting*. It may be distinguished from the common form of the disease by there being little or no delirium ; no dilatation of the pupil, (till the very last stage) and by the croupy symptoms.

Leeches, blisters, and calomel, freely given, afford the only hope of relief.

Acute Hydrocephalus.—Children of a scrophulous diathesis are the most frequent subjects of this disease ; the

* Monro ; Secundus.

† Vide Transactions of Edinb. Med. Chirurgical Society, vol. i.

‡ A specimen of this is preserved in the university museum.

* From inflammation of the lungs, or other disease in the chest, it may be distinguished at once by the stethoscope.—REV.

earliest symptoms, and those which it is of the most consequence to detect, are generally obscure—they are those of “irritation,” the last stage those of “depression.” The child is peevish, listless, wan, and languid; appetite capricious; sometimes bilious vomitings, and generally a depraved condition either in quantity or quality of the fæces; shortly, symptoms of dynexia appear; pulse quick; all the secretions and excretions are diminished or vitiated; symptoms of gastric irritation become more urgent; the tongue is foul, or morbidly red; the *various senses* are morbidly acute; there is also increased peevishness; fixed pain above the forehead, and vertigo; with, frequently, some puffiness about the eyebrows; at a somewhat more advanced period, the face becomes flushed; the child is exceedingly restless, starts from sleep, and sometimes screams violently; the head is hot, and the little patient is most composed when the head is elevated.

In the second stage, Dr. Whytt has described the remarkably slow pulse; the sitting posture becomes irksome, the head is thrown back, and there is frequently strabismus. In the last stage, the patient (before irritable) falls into a state of drowsiness and stupor; the surface becomes cool, and, according to Dr. Whytt, the pulse is again accelerated; the head is kept low, and the child sinks down in bed; the eye-lids droop, the pupils are dilated, and “all the senses, except hearing, are blunted;” to these succeed spasmodic twitchings of the muscles, partial paralysis, laborious breathing, cold sweats, coma, and death.

We now arrive at the most important question in the volume—From what does the effusion arise? Drs. Quin, Rush, Yeats, Golis, and others, have attributed it to inflammation of the brain or its membranes, more particularly the latter; but Dr. Monroe considers it rather “to be imputed to debility,” from the following reasons:—Our author has never seen coagulable lymph in the ventricles*; those subjects most liable to inflammation, as the robust and plethoric, have hydrocephalus much less frequently than those of an opposite habit. The symptoms are not precisely

those of phrenitis; the analysis of the effused fluid, he conceives, strengthens his opinion. The fact of mercury sometimes arresting this disease, and yet not being recommended* in phrenitis or pleuritis; its being a stimulant rather than a sedative; and, moreover, because “some advocates (of an opposite opinion to Dr. M.) have imputed the disorder to a fault in the digestive organs,” which, in his opinion, “tends to avert or remove a disposition to inflammation, by diminishing the *vis vitæ*, rather than to favour or produce it;” lastly, because the morbid appearances of the membranes are not (he conceives) indicative of inflammation.

The opinion here advanced by Dr. M. is of much importance, as it must so materially affect the treatment of the disease, that we cannot avoid expressing our conscientious dissent from it†. We have given his reasons the most patient consideration, but are not convinced by them. It is true the symptoms are not those of the phrenitis, (of Cullen) but it is equally true, that those related by Dr. Monroe are by no means to be accounted for by “debility,” or even “irritation.” Two of the most important reasons he adduces, are, however, “false facts;” it is not true that mercury is not recommended in pleuritis, or even phrenitis; indeed it appears, and this we really take to be generally admitted, to produce a peculiarly beneficial effect in the Phlogosis of all serous membranes; and who will deny, although contrary to the novel opinion of Dr. M., that cerebral disturbance is frequently induced by “some fault in the digestive organs?” Dr. Monroe, in accordance with his views, recommends, to prevent the disease, nourishing food, regulation of the bowels, warm clothing, and daily exercise. To cure it, purgatives, particularly calomel, in a full dose; a blister kept open; and, afterwards, mercury to produce its specific effect.

Having already extended the article beyond its intended limits, we can add little on chronic hydrocephalus to what has already been said in reviewing the first chapter; and if, indeed, to the

* According to Dr. M.—REV.

† We do not mean to deny that cases are to be met with of effusion independent of inflammation—as from obstruction to the return of blood, from various causes; but, as a general principle, we decidedly dissent from it.—REV.

* Other authors, particularly Golis, state *they have*.—REV.

changes observed in the size and form of the skull (there described), are added the symptoms of the acute form, but milder and more insidious, though not in the end less fatal, we have nearly described this form of the disease. Dr. M. for the cure relies principally on a regulation of the bowels, blisters, and mercurial friction. Sir Gilbert Blane recommended pressure to be employed when the febrile symptoms had subsided; but when tried by Mr. Hood, surgeon at Ayton, Berwickshire, it produced convulsions. Serverius and L. Cat have recommended puncturing the brain, and drawing off the water; but we believe every case in which it has been employed, except one published by Rossi, of Turin, has terminated fatally.

We have thus endeavoured to convey a clear idea of the contents of the volume before us; it, however, abounds with useful cases and minute details, for which we must refer (and we do so with every confidence that it will be time well occupied) to the original; and although we have been obliged to differ from our author in certain important *inferences*, we are sensible of, and bear testimony to, the general value of the *facts*.

MEDICAL GAZETTE.

Saturday, May 17, 1828.

“Licet omnibus, licet etiam mihi, dignitatem *Artis Medicæ* tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso.”—CICERO.

LUNATIC ASYLUMS.

WE present our readers, in few words, and divested of technicalities, with the particulars of a bill now in progress through Parliament, “to regulate the care and treatment of insane persons.”

1st. The preamble repeals the former acts; and further enacts, that the Secretary of State for the Home Department shall annually appoint a certain number of Commissioners, to *visit* and to *license* all houses for the reception of two or more insane persons, in London,

and within a certain number of miles around. Five of such Commissioners to be physicians or surgeons, not professionally concerned in attending any of the patients, or directly or indirectly interested in keeping any of the licensed houses. Such medical Commissioners are to have a salary for each day's employment in that capacity. A treasurer and clerk are likewise appointed. Once a quarter the Commissioners are to meet, for the purpose of receiving applications for licenses, one of them at least not being a medical man. In the country, the magistrates in Quarter Sessions are empowered to grant licenses and appoint visitors, one at least being a medical man, to whom an allowance is to be made.

Persons who apply for a license are to state the names and abodes of all parties in any way interested in the establishment, together with a complete plan of the house, on a scale of $\frac{1}{16}$ of an inch to a foot, describing the situation of the house, and of every room in it; with a statement of the number of patients proposed (classing them as rich or paupers), and the number of keepers and servants to be employed. All this to be verified before granting the license. The licenses are to be renewed annually, but *may be revoked* by the Commissioners, on the report of the visitors, the reasons for such revocation being stated in writing to the Secretary of State for the Home Department, who, however, is empowered to call together the Commissioners to *reconsider* the propriety of the revocation, if he thinks fit.

No house is to be kept without a license under a penalty, nor will the same license be sufficient for more than one house.

Each establishment is to be inspected by the Commissioners or visitors so many times a year, whenever they shall think proper, with or without notice;

and the patients are also to be examined at the same time. The Home Secretary is also empowered personally to inspect such houses or patients, or to appoint any one else to do so.

The visitors or Commissioners have the power of summoning and examining witnesses upon oath. At each visit they are to note down any thing which may appear to require it, respecting the condition of the houses or patients; which remarks are to be embodied in an annual Report sent to the Home Secretary and the Lord Chancellor.

No person to be received into a lunatic asylum unless an order is produced from some relative or connexion, duly specified, and a certificate of insanity, either from a chancery commission, or a medical one, signed by *two* physicians, surgeons, or apothecaries, who shall have separately examined the patient at two different times. In cases of paupers, one medical certificate is sufficient, which is to be attested by the clergyman and overseers, or two justices. Within three days after the admission of any new patient, notice is to be sent to the clerk of the commissioners, and the particulars of his admission registered; and any person may obtain information upon these points by application to the commissioners, &c.

In houses containing 100 patients and upwards, there is to be a resident medical attendant. Where there are less than 100, a medical man is to visit *every patient* from every day to so many times a month, according to the number; and a journal is to be kept, in which is to be entered each visit, and the state of health of each patient, and especially as regards the degree and duration of any coercion which may be employed. This journal is to be regularly laid before the visitors, and countersigned by them.

Religious assistance is also to be afforded to the patients, and if withheld, the reasons for such refusal are to be entered in the register.

On any complaint, a special inspec-

tion of any house or patient confined may be ordered by the Home Secretary of State.

A coroner's inquest is to be held over every patient dying in a licensed house, and if thought necessary, the body is to be examined by some one not attached to the establishment.

The Commissioners are to have the power of examining into any supposed cases of persons being improperly confined, and if proved to be so, they have the power of setting them at liberty, except when confined under a chancery commission. No single persons are to be put under the care of keepers without the medical certificate before-mentioned, and notice being sent to the clerk to the Commissioners. Their names are then to be registered, and an annual report of their state, signed also by two medical men, is to be transmitted. This register is to be under the control of the Home Secretary and the Lord Chancellor, who are empowered to erase any name from the list, when a certificate of cure is produced; and they may also direct the Commissioners to examine into the state of any patient under private control.

The remainder of the act consists of provisions for enforcing the penalties incurred by neglecting any of the above directions.

The act does not apply to Bethlehem or St. Luke's, or any Lunatic asylum supported by voluntary contributions. These are regulated by an act expressly for that purpose.

Such are the chief points in the proposed bill, and it must be acknowledged that it presents a strong contrast to the act it is intended to supersede. Formerly the Commissioners were the mere shadows of authority, having no power to remedy any of the abuses they discovered; and whatever ameliorations they effected, were produced by the influence of their own respectability, not

by the virtue of their office. Now, however, the tables are turned with a witness, and the proprietors of lunatic asylums are completely in their power, being liable to fine and other punishment, including loss of their license for *seven* different offences. Nay, the bill originally enacted, that under certain circumstances the parties should be sent to the house of correction, and kept to hard labour—we presume at the treadmill! Indeed, the inquisitorial powers which it is proposed to exercise over such establishments, shew a very different spirit from that which guided the framers of the bill in 1815, and are such as to render it doubtful whether respectable medical men will be able, with safety to themselves, to continue the proprietors and superintendents of private houses for lunatics. In this event, the injury to the community would be of the most serious description.

The most striking feature in the proposed act is, that it proceeds upon the somewhat ungracious assumption that all proprietors and medical superintendents of lunatic asylums are rogues, and against whom it seems to be the object of the bill to guard in every possible way.

The members of the Committee, we venture to say, do not know the actual state of the better class of private madhouses, but have formed their opinions from the treatment of paupers at the “White House.” This, at least, is our impression; because it does not appear that the proprietors of private institutions were called, or any sufficient inquiry made with regard to them; but the information with respect to one madhouse, where paupers were maintained at the moderate allowance of about 20*l.* per annum, for board, lodging, and medical attendance, seems to have influenced the opinions of the Committee with regard to all private establishments. Now it is reasonable, and no

more than humanity requires, that all the comfort should be secured to the unhappy pauper (unhappy alike in his mental calamity and his poverty) that the circumstances admit of; but it is not reasonable to expect much from the proprietor of an asylum for so very small an allowance—and still less is it reasonable to legislate for other institutions as if they were regulated and conducted in a manner precisely similar. Yet we cannot find that any examination has been made by the late Committee into the actual state of private asylums, but they seem to have trusted to the Reports concerning these which were made in 1815. Since that time, however, very great improvements have taken place in these establishments.

As an illustration of the distrust which has been shewn of the medical profession, we may mention the unceremonious manner in which the power of appointing Commissioners has been withdrawn from the College of Physicians. This circumstance is not, perhaps, to be regretted, as the College, from never having nominated any but Fellows, had conveyed the idea that they regarded the appointment too much in the light of a bonus for themselves; but still the immediate cause of this privilege being taken from them evidently is, their not having exercised an authority which the law itself had withheld from them. We know it to have been the impression of the Committee, that the College had neglected their duty; but this idea we believe to be altogether unfounded. The act, by which they were necessarily guided, gave them no power to correct any abuse, or inflict any punishment,—unless hanging up a paper in the Censors’ room, where no one whom it concerned ever read it, could be called such. They had not even the right to publish the existence of any irregularity in the establishments they visited.

One of the principal objects in the former bill seems to have been to avoid

bringing the domestic calamities of families before the public; and if they carried this feeling to such an extent as to render nugatory the authority of the Commissioners, it is doubtful whether, in the present bill, the Committee have not gone into the opposite extreme, for privacy is there disregarded; and if it should pass into a law, any hand may raise the veil which custom and feeling have thrown over the bitterest of all private afflictions. A Commissioner or Justice of the Peace is authorised to order the communication to any one of the name and residence of any lunatic; and if any person receives even one lunatic into his house, he is obliged to make a return to that effect to the clerk of the Commissioners in London; and, further, it is in the power of the Secretary for the Home Department, and certain others, to authorise any individual whom they think fit to visit any lunatic confined—even in the care of his own relations! We cannot persuade ourselves but that the publicity necessary to prevent abuse might have been secured without thus opening the door of every private family, in total disregard of the sacredness of domestic privacy, which has hitherto, in this country, made every man's house "his castle."

Another enactment pregnant with danger is the power given to the visitors to discharge from confinement such persons as they think fit. In London, where five of the Commissioners are to be physicians, little risk will attend this; but in the country, where it is only necessary that there should be *one* medical man, while the number of the others is not limited, it is obvious that the only person who, in most cases, can be competent to judge, will be constantly liable to be over-ruled. There is, indeed, no point on which unprofessional men are more apt to be deceived. How often do we meet with intelligent and liberal men, who cannot believe that they are not capable of deciding in a

doubtful case whether a patient be sane or not? They forget that mania is, in truth, a bodily disease. It is possible (as we suggested in a previous number) that medical men may be apt to regard as insane some whom others would call only wicked or eccentric; but this does not alter the converse of the proposition, that unprofessional men are still more liable to be deceived in an opposite manner. As an illustration, we would give the following instance.

Some years ago a clergyman, living in Scotland, was declared by his friends and relations to be mad, and legal measures were taken to deprive him of the control of his own affairs, as being *non compos*. When the Court examined into the case, among other instances of insanity, it was found that the clergyman had taken great pains, and expended much money, in collecting a fine theological library, which he had suddenly burnt; moreover, that he had a large orchard, well stocked with valuable trees, the produce of which yielded him no slight income—this too he had destroyed, by uprooting every tree, and digging up the soil. The Court thought these two acts strongly indicative of madness, but, of course, wished to hear the party accused previously to passing judgment. The clergyman was then examined: he was a rosy, hale-looking, intelligent man, and being questioned as to the reasons of his conduct, said, "I have now been a clergyman for 30 years, the greater part of which time I have devoted to the study of the scriptures, in order that I might be able to state to myself the reason of my faith. I collected, therefore, this theological library. When, in the course of my investigation, I turned over book after book, I learned nothing but these two facts: that controversial divinity was the vainest of all vanities—and that he who involves himself in it risks his happiness. My reason for destroying my

books was, that I could not consent to sell, as a conscientious man, to others that which I knew had been the source of misery to myself. And as for my orchard,—my health required me to use exercise, and digging I had heard was the most healthful; I determined, therefore, to convert my orchard into a garden; but I soon discovered that while the trees stood, the juices of the soil were monopolized by their roots, while the shade of their branches destroyed all my herbs. This was my reason for cutting down my trees.” The Court were so satisfied of the sanity of this gentleman, that they dismissed the cause. In a fortnight after he was in strict confinement, having become raving mad.

We have thus briefly adverted to some of the objections to this bill, which have suggested themselves to us on perusing it; to enter more minutely into the subject in its present stage would be premature. That the former bill was inadequate to the end in view, is quite obvious; but the present appears to us to overshoot the mark. That there may not have been some abuses, we by no means venture to assert; but we feel assured that benevolent men, who contemplate the misery of the poorer lunatics, calculated as it is to make an impression on the imagination, naturally aim at effecting greater relief than the circumstances admit of: while, with regard to private asylums for those whose circumstances enable them to pay for better accommodation and greater comforts, we are inclined to think, that in a country like this, where every thing is open to competition, the legislature ought to be cautious how it interferes. Legislative enactments, by throwing obstacles in the way, imposing heavy penalties, and thus making the occupation perilous, if not disreputable, may altogether prevent respectable and well-educated men from

hazarding their reputation and their property in such establishments; and they will then speedily pass into the hands of men who, having nothing to lose, will contrive to make these prisons (for, according to the proposed bill, they can scarcely be looked upon in any other light) still answer their purpose, because they will evade the law, and run the *risk* of detection rather than incur the *certainty* of loss.

ANATOMICAL COMMITTEE.

THE sittings of this Committee continue, and it is gratifying to perceive the zeal and intelligence displayed by the members who constitute it. Many witnesses have been examined, and, among others, Dr. Macartney, who has come from Dublin expressly for the purpose of giving his evidence; but, for obvious reasons, it would not be proper at present to publish any of the circumstances which have come to our knowledge.

GUY'S HOSPITAL.

WE have received a letter, stating that an order has been issued, prohibiting the examination of dead bodies at the above hospital. If this statement be correct, some very urgent reason alone can justify the adoption of what appears so strong a measure; but without farther information, we decline at present entering upon the merits of the question.

COLLEGE OF PHYSICIANS.

THE evening meetings continue to be numerous attended, and to give general satisfaction. On Monday Dr. Yats read a paper on the treatment of inflammation, in which he mentioned that he had adopted the method of giving mercury, under certain circumstances, more than 20 years ago.

DISINTERESTED ZEAL.

WE understand that Mr. Wakley has been very solicitous to be examined before the Anatomical Committee. It is not difficult to anticipate the nature of his evidence;—we dare swear he will undertake to prove that all who have preceded him are mistaken with regard to the source of the present difficulties in the cultivation of anatomy, and that they are to be traced entirely to the corrupt fountain at Lincoln's Inn Fields; perhaps, too, he may suggest that, under these circumstances, the members of the Council would themselves afford the readiest supply of "subjects for dissection."

HOSPITAL REPORTS.

MIDDLESEX HOSPITAL.

Extirpation of the Testis.

JAMES LLOYD, ætat. 40, was admitted into the hospital on the first of May, under the care of Mr. Mayo. The right testicle was greatly enlarged, but retained its natural figure, the long diameter of the oval being increased to five inches—its breadth to three. The gland had gradually swollen to this size during the last half year. When its enlargement was first noticed, there was sharp pain in the part, extending in the direction of the spermatic cord, towards the loins; latterly, the principal uneasiness the patient had experienced had arisen from the weight of the tumor. The cord itself appeared entirely free from disease.

On examining the swelling minutely, it was found to be opaque, and to be nearly equally sensible at every part; its texture appeared extremely elastic, and here and there conveyed the impression that it contained fluid. The testicle was removed on the 3d of May.

Mr. Mayo began the operation by introducing a small trochar into the centre of the tumor: the matter that came away through the cannula was blood, with particles of brainy substance. An incision of some length was then made through the integuments, from a little

below the external ring to the under part of the testis.

By some dissection, the cord was next detached from the adjacent parts, at the distance of two inches from the ring; a tenaculum was then passed through the cord, to prevent its retraction, and being evidently free from disease, it was divided. The extirpation of the tumor was quickly performed, its adhesions, except at the under part, being so slight as to give way without division with the knife. Three ligatures were applied to the arteries of the cord, and the same number to the arteries in the septum scroti. A single stitch was passed through the middle of the incision: above and below strips of adhesive plaster, with the usual dressings, were applied.

The following day the patient complained of pain extending along the cord: the belly was tumid: the bowels distended with flatus: the skin dry. Pulse frequent.

R Haustus salinus c. Vin. Antim. Tart.
mxx. ter die.

The day after, these symptoms were lessened, and the subsequent progress of the case has been uniformly favourable. The cut surfaces are uniting by granulation.

Upon cutting through the tumor the following appearances presented themselves: the swelling consisted in part of the common brain like matter of fungus hæmatodes; in part of a loose reticular membranous structure, with here and there collections of grumous blood. The fungus had formed within the proper substances of the testis, so that a thin layer of condensed tubuli semiferi, in parts, of a third of an inch in thickness, intervened between the fungus and the tunica albuginea; at one part, however, the fungus reached, and had nearly pierced, that membrane. The tunica vaginalis contained no fluid; it was, for half its extent, adherent to the tunica albuginea.

Wound of the Radial Artery.

Charles Gardiner, ætat. 21, was brought into the hospital on the 21st of April, in a state of continued faintness from loss of blood; he had, inadvertently, thrust his arm through a pane of glass, and received a deep wound in the fore and upper part of the fore-arm.

The wound was exposed, washed, and dressed; no disposition to hæmorrhage showing itself after the patient's admission. He was ordered to remain in bed, and evaporating lotion was applied on the arm. Two days afterwards the arm became inflamed and swollen, upon which the dressings were slit through—the arm laid upon a poultice; some opening medicine, and an antimonial saline, prescribed. The local inflammation diminished.

On the morning of the 29th the wound burst out bleeding, to arrest which pressure was made upon the brachial artery: shortly after, Mr. Mayo, at the usual visit, examined the wound, removed the bandages, and no hæmorrhage returning, directed a spirit lotion to be applied to the arm, and the patient to be carefully watched. In the afternoon the hæmorrhage returned, which the house-surgeon restrained by placing his fingers in the wound, until Mr. Mayo arrived. The hæmorrhage appeared to proceed from the side of a large artery, seemingly the radial, which traversed the bottom of the wound. A ligature was applied on this artery, above and below the point from which the bleeding took place; the hæmorrhage then entirely stopped. These ligatures came away on the 7th of May in the dressings, and the wound is closing rapidly.

ST. THOMAS'S HOSPITAL.

Case of Compound Fracture of the Olecranon, with Dislocation of the Radius and Ulna. Amputation of the Limb; and death from hæmorrhage.

Treated by Mr. Travers.

— SPRINGFIELD, a man of rather spare habit, was admitted into Luke's Ward, May 10th, 1828, having, about two hours before, received the above-mentioned severe injury, whilst turning a crane, the handle of which rebounded and struck him with great violence on the back of the right arm. The joint was swollen, tense, and very painful; the fore-arm was very evidently shortened, and at the elbow there was a contused wound, through which the olecranon could be felt *moveable*. Anteriorly, instead of a hollow at the bend of the arm, a firm substance was found projecting, which was conjectured, and afterwards proved, to be a dislocation forwards of the radius and ulna.

The luxation could not be readily reduced, without additional violence to the parts; it was therefore laid in an apparatus of Mr. Amysbury's, and leeches applied; in spite of which, however, the inflammation in two days became considerably aggravated, and in a short time suppuration of the joint was produced. The man's health, in consequence, materially suffered, and it was found necessary to remove the arm.

The operation was performed by Mr. Travers, on Friday, April 26, by circular incisions, four arteries requiring ligatures. The patient was tolerably easy after the operation till the following evening (Saturday), when some pain and heat of the stump came on: this increased on the Sunday, when the bandage, which had been passed lightly round the stump after the operation, was found to have become (from the swelling) very tight: it was cut through, and on the following day the other dressings were removed. The stump was then found very foul and sloughy, and the discharge copious and unhealthy. His health continued daily to suffer. A poultice was applied to the stump, and his strength was as far as possible supported by nutritious diet.

Within eleven days after the operation, all the ligatures, except that applied to the brachial artery, came away, and during this period the discharge continued foul, and the wound sloughy. At the termination of that time, on Tuesday, May 6, there was suddenly a gush of arterial blood from the stump: pressure was immediately employed, and Mr. T. sent for. He arrived in two hours. The hæmorrhage had been stopped, but the patient was much reduced: his pulse was feeble, but rebounding, presenting the true hæmorrhagic character, to the production of which, doubtless, his previously enfeebled condition materially contributed. Mr. Travers freed the wound from coagula, and, with considerable difficulty, owing to the sloughy, ragged condition of the parts, after having removed the remaining ligature from the brachial artery, re-secured it. The dresser remained with him during the night, and no further hæmorrhage occurred till two o'clock on Wednesday morning (during which time he was somewhat roused by gentle nutrients); but the arterial bleeding then returned. Mr. South was called, and promptly at-

tended. The hæmorrhage he found to proceed from the profunda, and Mr. S. attempted to secure it in the usual manner, by drawing it out with forceps, and then applying the ligature; this, however, he found, from the state of the vessel, impossible to accomplish, it having in some degree become implicated in the surrounding mass of disease. He then tied it in the best manner he could, necessarily including at the same time some of the surrounding diseased muscle. After a few minutes the hæmorrhage again returned from the same vessel, and it was once more secured, rather higher up. The patient was now considerably reduced—almost exhausted: forty drops of laudanum, in a table-spoonful of brandy, were immediately administered, and repeated (carefully watching its effects) in two hours. Bleeding did not return; but at ten o'clock on Wednesday morning, being apparently sinking, he was ordered as much egg and brandy as he could swallow; this, however, was not much. He lingered through the day and night, and died on Thursday morning.

Considerable difficulty was experienced in obtaining permission, but the chest was opened, and some serous effusion (with some flocculi of lymph floating in it) was found in the left cavity of the pleuræ, both of which on that side were also thickened and opaque, from a distinct layer of lymph (which could be easily peeled off in tolerably large patches) being deposited upon them, towards the inferior part. Heart and primitive vessels healthy. A minute examination of the vessels of the stump was not, unfortunately, instituted.

The whole quantity of arterial blood lost in the above case might amount to about a pint and a half; not very considerable, certainly; and, therefore, to account for its producing death, other circumstances must be taken into account; and not the least remarkable of these, is the existence of a disease, as shewn by examination, post mortem, which was not at all suspected during life; we mean pleuritis. This was no fault of his attendants. But the disease just mentioned, no doubt, acted an important part in preparing for the fatal termination.

Poisoning from Oxalic Acid.—Read's Syringe successfully applied.

Jane Bradbury, only 15 years of age, was admitted into St. Thomas's Hospital, on Wednesday, May 7th, having (in consequence of a quarrel with her mother) taken a quantity of oxalic acid*, for the purpose of self-destruction.

She had swallowed it about half an hour before her admission, when she complained of great heat and sense of burning about the throat and fauces—with sense of sickness at scrobiculus cordis; and was vomiting quantities of bloody, frothy mucus. Read's syringe was immediately employed, and the stomach well washed out by water, mixed with a quantity of prepared chalk. After the "pumping" she appeared sinking: the blood left the surface; her extremities became cold; and the pulse was hardly perceptible. She was ordered the following:

Ammonia Carbon. gr. viij.

Tinct. Opii, ℥x.

Mist. Camph. ℥j.

M. fiat Haust. statim et quæque 4tâ horâ sumendus.

Artificial warmth being also assiduously applied, she rallied, but passed a restless night; occasionally vomiting a little blood.

Thursday morning she complained of great soreness of the mouth and tongue; and on examination, the latter was found considerably swollen—red; very firm and tender on pressure. Still some vomiting, principally, however, of frothy mucus. Little blood; urgent thirst; bowels open; urine scanty. Pulse small, rather quick. Skin rather hot; tenderness on firm pressure of stomach.

Omit. Haustus Stimulans.

Ord. R Chloruret. Sodæ (Garden's).

Aquæ Distillatæ, a. a. e. p.

Fiat Gargarisma, frequenter utendum.

Applica hirudines xij. abdomini.

Friday.—Better. Tongue considerably improved. Pergat.

Saturday.—Much better. No vomiting; tongue nearly its usual size; no tenderness of abdomen. She is, in fact, fast approaching to convalescence;

* The precise quantity is not known; it was two-penny worth. She was served with it at a druggist's in the London Road, without a single question being asked! We have his name, and he deserves exposure; perhaps, however, this hint may suffice.

and appears to require merely a regulation of her diet for a few days to complete her recovery.

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ST. GEORGE'S HOSPITAL.

Fracture of the Tibia, with threatened mortification, successfully treated.

IN a late number of this Journal we detailed a case of compound fracture of the thigh, in which mortification supervened, and carried off the patient. Within the last fortnight, an interesting case of "traumatic gangrene" has occurred at this hospital, and was treated with success.

Henry Wake, ætat. 53, was admitted, under the care of Mr. Brodie, on the 1st of May, with simple fracture of the tibia in two places; one obliquely about two-thirds up the leg, the other through the head of the bone into the knee-joint. The accident was occasioned by a fall from a horse, a short time previous to his admission, and the limb was a good deal swollen from echymosis. The patient was a groom, of a bloated, plethoric habit.

Hæustus Sennæ.—Limb to be put up in junks.

2d.—The swelling and tension of the leg have much increased, which he attributes to the bandage having been rolled too tightly. The skin, in the situation of the fracture, is much discoloured, and vesications have formed, filled with bloody serum. There is no pain; limb of the natural temperature; little or no constitutional disturbance; bowels open; tongue clean and moist; pulse rather full.

Vespere.—There is pain in the knee, which is more swollen. The leg is laid out on a junk pillow, without either splint or bandage.

Hirudines xxx. genu.

3d.—Knee and leg less tense; vesications extending; no pain; heat of limb natural; pulse quick and bounding.

Hæust. Salin. c. Mag. Sulph. 3ss. ter die.
V. S ad 3x. Lot. Saturn. 3vij. Spt.
Vini rect. 3ij. ft. lotio.

4th.—Our attention was particularly drawn to the patient for the first time this day. The limb was swollen from the foot to nearly the top of the thigh, and of a yellow bilious tint; the foot was œdematous, but the thigh was not;

whilst the greater part of the front of the leg was occupied by large vesications of different hues and sizes, some of which were broken and gave vent to a kind of bloody sanies. The pulse was very full and bounding, but the tongue was moist, and the manner perfectly natural. Blood drawn yesterday a little buffed

5th.—Better to-day: tongue quite clean—pulse not so quick or hard—passed an indifferent night, but the limb is slightly improved. It is, and has been, enveloped in rags, dipped in spirit lotion, the proportion of spirit being above that commonly employed.

V. S. ad 3vij. Omittatur Hæustus.

6.—Decidedly improving: the pulse being quiet, the tongue moist, but not quite so clean, and the swelling of the limb perceptibly diminished: the vesications, also, are broken and collapsed, and their colour fading.

On the next day the leg was put up in junks, and the man is at present doing exceedingly well.

This is an interesting case, for although it could scarcely be termed one of actual mortification, the deep textures being little implicated, and the constitution comparatively unaffected, yet it certainly was an instance of "local gangrene," which might have run on to serious mischief. The case is very different, indeed, from that which has been designated gangrenous erysipelas; for here there was little or no preceding inflammation of any kind, and certainly none of the erysipelatous character. The force of the pulse throughout was very marked, and, with the plethoric condition of the patient, fully indicated blood-letting, which indeed was of decided service.

Fracture into the knee-joint, attended with very great extravasation into the cellular texture of the leg.

Augustin Aldred, ætat. 38, a tailor, fell from the top of a van, in the Vauxhall road, on the 24th of March, at 8 A. M., with his right leg bent under him. At 10 A. M. he was admitted into the hospital, under the care of Mr. Rose, the leg being considerably swollen, particularly about the calf, from blood effused amongst the muscles. The head of the tibia was fairly broken off, above the insertion of the ligamentum patellæ; and this portion again was

split into two, the outer of which projected on the outside of the knee, and was distinctly moveable. The fibula was unbroken.

V. S. ad 3xvi.—Limb put on double-inclined plane, with a light bandage above the knee, and another at the lower part of the leg, fastening it to the board.

3 P. M.—Countenance anxious—pulse quick—tongue brownish—has had no sickness of stomach, but complains greatly of pain in the thigh.

Hirudines xxv. vespere.

25th.—The synovial bag of the knee is a good deal buffed; the calf enormously swollen, and the integument tense and glistening, evidently depending on a very extensive extravasation of blood between the muscles, and beneath the skin. There is much pain, particularly on the inside of the knee, where he is unable to endure the slightest pressure: tongue white; pulse 90, and hard.

V. F. ad 3xvi. Haustus purgans. Lotio frigida.

27th.—Limb not so tense—no anxiety of countenance—tongue brown—complains of cough, and some pain in the side; not, however, increased on taking a full inspiration—bowels open—a little appetite.

28th.—Passed a bad night, on account of pain in the ham, which has been relieved by lowering the plane today. No pain in the side.

April 1st.—Doing very well. There is some pain on the inside of the calf, where there appears to be a slight bagginess and fluctuation.

From this time he went on without an untoward symptom; the puffiness disappearing, and the swelling entirely subsiding.

On the 1st May, the limb was taken out of the fracture box and bandaged; and on the 7th, the bandage removed altogether, and the limb laid out upon a pillow. At present there is a good deal of consolidation and thickening about the joint; extreme stiffness, of course, and pain on the inside, on motion. He is able to get about the ward with the aid of crutches and a long sling, and will shortly leave the hospital.

We have detailed this case because it is well calculated to shew how large an amount of extravasation may be forced

amongst the textures of a limb, and yet be quietly absorbed. It is really astonishing what violence may be inflicted in some cases, with comparative impunity, whilst in others a much more trifling injury will lead to violent inflammation, gangrene, or harassing suppuration. Many who have attended this hospital must remember the case of a boy who was admitted some time ago with compound fracture of the tibia and fibula, under the care of Mr. Brodie. The fracture was by no means a severe one, and all seemed doing well, when suddenly mortification came on. The thigh was amputated, but tetanus followed the operation, and the boy died.

John Cooper, the poor boy whose case we detailed in our last number, gradually sunk, and died a few days ago.

ST. BARTHOLOMEW'S HOSPITAL.

Case of Congenital Hernia.

Treated by Mr. Earle.

THOMAS SMART, æt. 14, admitted May 3, at 5 P. M. It appeared that he had been subject to a descent of the intestine since the age of four years: he had never worn a truss, and the hernia frequently came down, but no difficulty was ever experienced in returning it, until last Saturday morning, when on exerting himself in lifting a heavy weight, the hernia descended, and symptoms of incarceration very rapidly followed. He was attended by a practitioner, who bled him, and applied the taxis for a considerable time without relief: in the afternoon of the same day, his symptoms became so alarming that he was sent to the hospital. Mr. Earle was sent for, and soon after arriving, determined on performing the operation immediately, having previously heard the history of the case. His powers at this time were much depressed, his pulse being below 50, and his whole body in a profuse sweat. The hernial tumor was exceedingly tense, and the slightest touch caused him acute pain: its surface was irregular, and presented the appearance of the parts within being girded by a contraction of the sac in one or two situations; this was most apparent between the groin and middle of the scrotum; in which retreat the tumor appeared to be divided into an upper and lower portion, by an annu-

lar contraction of the sac. The upper portion was closely applied to the surface of the intestine, and between them no fluid existed. Great caution was required in laying open the tunica vaginalis at this part, for fear of wounding the intestines. The lower cavity contained about 2 oz. of serum and a fold of small intestine; behind which was situated the testicle: no adhesion had formed between it and the gut: it appeared healthy, and of its natural size. In passing the finger along the inguinal canal, to the internal ring, the stricture was found to be formed by the neck of the sac. The division of the stricture was rendered exceedingly difficult by the violent exertions made by the patient to release himself from the assistants. Mr. Earle, after several attempts, succeeded in getting the nail of his fore-finger between the intestine and neck of the sac; the latter was cautiously divided with one of Cooper's knives. The bowel, which appeared to be in a highly inflamed state, was endeavoured to be returned; but this could not be effected, and a fresh introduction of the knife was necessary: this removed all stricture, as the gut was returned without much difficulty. Mr. Earle ordered the following treatment to be adopted:

Enem. Com. stat. Mag. Sulph. 3i ex. Aq.
Menth. Sat. omnis horis. Hirud. abdomen si op. sit.

At 12 P.M. considerable re-action had taken place: his pulse was hard and frequent, with general tenderness of the abdomen. Bowels have not been open.

V. S. ad 3xviii. stat. Pergat.

May 4th.—Has passed a restless night; no evacuation from the bowels; increased pain and tenderness of the abdomen; for which 30 leeches were ordered, and the part to be well fomented.

Enem. Com. stat. et. rep. si o. sit. Rep. mist.

This procured several copious feculent stools. At 12 P.M. he was entirely free from pain, and felt inclined to sleep.

The wound supplicated kindly, and the boy is in a fair way of recovery.

EXTRACTS FROM JOURNALS.

Foreign and Domestic.

APPARENT DEATH.

At a late meeting of the Academie Royale de Médecine, M. Bourgeois related a case of apparent death, which happened in a woman immediately after labour, and also in the infant. The former was in a state of syncope after uterine hæmorrhage. The child presented all the appearances of congenital asphyxia. The woman was 26 years of age, and had been in labour, with her first child, about twenty-four hours. Every thing was going on very favourably, when, from some sudden vexation she experienced, the pains diminished, and symptoms of internal hæmorrhage occurred. She was soon delivered of a child, which was apparently dead. She had now frequent attacks of syncope, during one of which she was convulsed, and appeared to breathe her last. Such was the state of the case when M. B. arrived. Although, however, he was assured that the mother was dead, and from all appearances he believed it was the fact, he proceeded to introduce his finger into the cavity of the uterus, through a firm clot which filled the vagina. He stimulated the internal surface of the uterus, whilst he desired friction to be actively employed over the whole body. Stimulating odours were also applied to the nostrils, and cataplasms of vinegar, and water nearly boiling, to different parts of the body. In the course of fifteen minutes, a slight muscular motion was perceived in the abdomen, which was the first indication of uterine contraction. Large clots were quickly expelled, and the powers of life were evidently returning. The patient was now attacked with a paroxysm of convulsions resembling epilepsy. The functions of the various organs gradually returned, but still she remained for some time perfectly insensible. During the whole of this time, the infant had remained near a fire, wrapped in linen, and considered to be dead. By inflating the lungs, and stimulating the surface of the body, it was at length restored. M. Bourgeois cautions practitioners from too hastily presuming that the vital spark is entirely extinct, after severe hæmorrhage. Patients may lie for a considerable time in a

state of syncope, and yet be recoverable if proper means are employed. The case would certainly have afforded a fair opportunity of trying the transfusion of blood into the veins, as it has latterly been practised in this country.

HYDROPHOBIA.

M. Unanue remarks, in his topographical sketch of Lima, that this dreadful disease is not known in any part of South America. It appeared, for the first time, in the summer of 1804, in the north of Peru. The heat was then very intense, and long continued. The thermometer sometimes stood as high as $99\frac{1}{2}^{\circ}$ F. Almost all quadrupeds, and particularly dogs, were attacked with hydrophobia. In 1807 it appeared in the capital. In the town of Jea forty-two persons perished who had been bitten by dogs. In the northern district the disease developed itself spontaneously in many individuals. In a sugar plantation several slaves fell victims to the malady, after having eaten the flesh of animals that had died rabid. In 1808 the disease entirely disappeared. In a few dogs hydrophobia occurred twice, but it was observed that no mischief arose from any bite they inflicted during the second attack.—*Zeitsch. von Henke*.

AFFECTIONS OF THE ARTERIES AND VEINS IN DIFFERENT DISEASES.

M. Broussais has lately been engaged in the investigation of various morbid phenomena, which he conceives especially influence the circulating apparatus. The doctrine of the Greek authors, which has lately been revived by Franck, that inflammatory fevers are dependent upon inflammation of the arteries, has induced him to pay particular attention to the state of the blood vessels after several acute diseases. He has ascertained that inflammation of the arteries is found at the termination of small-pox. The veins are also sometimes affected in a similar manner. In measles and scarlatina the blood-vessels have been found inflamed, and M. Broussais is induced to believe, from some facts which he has observed, that the same is the case in erysipelas. He has reason to believe that all inflammatory diseases, which in nosological language are termed "eruptive," will be found to depend upon this species of inflammation. One of the first causes, therefore, of chronic affections of the

heart, and of the arterial and venous systems, may be referred to eruptive diseases, which occur at an early age. There are some acute inflammations of the lungs, and of the digestive organs, which are accompanied by inflammatory affections of the heart and arteries; but upon this subject M. Broussais thinks further research is necessary.

REMOVAL OF THE SUPERIOR EXTREMITY OF THE HUMERUS.

A man had been wounded by two balls, one of which had entered the upper part of the shoulder, had carried away the edge of the acromion, broken the head of the humerus, and a portion of the body of the bone, and had made its exit through the deltoid muscle. The pectoralis major was much lacerated. The other shot entered the posterior part of the shoulder, and passed out beneath the inferior angle of the scapula without injuring the bone.

M. Reynaud, naval surgeon at Toulon, performed the following operation. He formed a communication between the two openings of the anterior wounds, by an incision extended nearly to the insertion of the deltoid. He made a free opening into the capsule; divided the tendons of the subscapular, biceps, supra, and infra spinalis, and teres minor muscles; removed the splinters of bone, and carried the superior extremity of the humerus upwards and inwards. A card was introduced between the bone and the soft parts; and the humerus was divided with a saw, a little above the cervix. In three months the wound healed. The extremity of the humerus was about fifteen lines distant from the glenoid cavity, but gradually the contraction of the surrounding muscles drew it to the coracoid process, where it formed adhesions. In the course of eight or nine months a new articulation was formed at this part, and the patient can at present execute the motion of the arm in every direction.—*Archives Gen.*

HEMIPLEGIA CURED BY NUX VOMICA.

A gentleman, 60 years of age, of strong constitution, had an apoplectic attack, after which he remained hemiplegic, in spite of various appropriate modes of treatment, such as general bleeding, leeches to the neck, purgatives, blisters, and stimulating liniments. A month after the fit of apoplexy, a

trial of the nux vomica was determined upon. He took at first one grain, increasing the dose one grain a day, until six grains were taken. On the sixth day, a slight movement was perceptible in the legs, and a creeping sensation in the hands. On the seventh, involuntary motions took place in the paralysed leg, which he was incapable of restraining in his efforts to walk. He was now seized with giddiness and confusion of mind, and remained for a short time nearly insensible. Since the use of the pills, the face had been more flushed, and the pulse harder than before. The medicine was therefore discontinued. Leeches were applied to the anus, dilutents prescribed, and he continued to improve. Eight days after, the employment of the nux vomica was resumed, beginning with the original dose, and gradually augmenting it as before. It was again necessary to discontinue it on the fourth day, on account of the violent involuntary motions of the limbs, and the return of the cerebral affection. A purgative was prescribed, and, for a short time, no active treatment was enforced. As the patient, however, was conscious of the benefit he had experienced from it, the nux vomica was again given, and on the third day the improvement was more decided than it had yet been. Fifty pills were taken in about five weeks; after which, the patient could walk without a stick, and was fully equal to the execution of his business, which kept him very actively employed during the greatest part of his time.—*Précis de la Soc. Médic. de Tours.*

APOPLEXY CURED BY THE ACTUAL CAUTERY.

T. Romanoff, 20 years of age, musician in the Russian artillery, after having played for several hours on a wind instrument, was attacked with a general sensation of coldness, and excessive debility. He was taken to the hospital, and remained for two days in the same state. He was rather feverish; was sleepless, and had some difficulty of breathing. He appeared much better in a day or two after, when he was unexpectedly struck with apoplexy. His respiration was stentorous, and the *ensemble* of the symptoms proved the severity of the attack. He was immediately bled, and snow frictions applied to the head, the temples, and neck. Every three hours an enema of vinegar was administered. He remained, however,

in the same state, and the use of the actual cautery was determined upon. A copper coin was made of a white heat, and suddenly applied between the shoulders, near the first dorsal vertebra. The sensibility of the patient was immediately roused. Ammoniacal salts, and other irritants, were applied to the nostrils, and caused him to start. For the first time a motion was observed in the eye-lids. The feet were covered with sinapisms, and very hot balls were placed in the hands, and in contact with the hips. The external senses revived, and the extremities regained their natural heat: the pulse was 80. Six ounces of blood were now taken from a vein in the foot. Romanoff opened his eyes, and in the course of a few hours he had quite recovered his faculties. The next day he could walk with a little support. He was shortly dismissed from the hospital, well in every respect.—*Voïenno-Méditsinsky Journ.*

CASE OF HEMIPLEGIA, TREATED BY THE ALCOHOLIC EXTRACT OF NUX VOMICA.

Rosa Baffoc, 56 years of age, of a sanguineous temperament, had been attacked by apoplexy 15 years ago, during pregnancy. She had been perfectly cured, with the exception of a slight imperfection which still remained in her speech. She had now suffered another and more violent attack than the former. Dr. Chiavelli employed for some time an antiphlogistic and derivative mode of treatment, such as general and local bleedings, purgatives, &c. The principal symptoms which had indicated great disturbance of the brain gradually ceased, but she remained partially hemiplegic on the left side. The arm was completely paralysed, but the leg retained some power of motion. Stimulating applications, with powerful friction, were applied in vain. The alcoholic extract of the nux vomica was then employed, at first in half grain doses, and successively augmented to one and two grains, night and morning. This remedy was continued for fifteen days, and caused violent spasms over the body. The tranquillity which the patient had previously enjoyed now gave place to a general irritation. The skin was of a burning heat, as in a paroxysm of fever: the face was flushed; the eye unusually brilliant; the pulse full and hard. From the presence of these symptoms it became necessary to discontinue the medicine.

Several bleedings were required to diminish the excessive excitement produced. Notwithstanding the violent convulsive action which had been caused in different parts of the body, the arm still continued motionless. The patient was now restricted to simple diet, and bled occasionally; and the arm gradually recovered an incomplete power of motion. The power of the leg was so far restored that she could walk without support.—*Giorn. Crit. di Med. Analit.*

CUPPING GLASSES APPLIED UPON VACCINE PUNCTURES.

M. Bousquet has lately given an account to the Academie Royale de Médecine, of experiments he has made upon this subject, which are particularly interesting, in reference to many practical points of importance. He was led to pursue the subject from the statement of Dr. Barry, that if a cupping glass was applied to a wound, the absorption of any poisonous matter contained in it was prevented. This opinion has provoked much discussion and diversity of opinion. M. Bousquet has experimented upon twenty-six children. In seven, no appearance of the vaccine vesicle occurred, either in the punctures over which the cupping glass was applied, or in those which were not interfered with. In the remaining nineteen cases, out of 200 punctures, 119 regular vaccine vesicles were produced; 43 of which were developed under the cupping glass, and in spite of its action. M. B. would not conclude from these facts, that cupping glasses have not the power of preventing absorption. He believes, that if the glass remains on the part twenty or thirty minutes, the formation of the vesicle would be retarded. But he remarks, that as the cupping glass only prevents absorption during the time of its application, it can only be considered an accessory and preparatory mode of treatment, in cases of poisoned wounds; and that afterwards, other effectual means will be required, either to neutralize or destroy the poison.

In reference to the above subject we may observe, that from the voyage of M. Labat to the American islands, which was printed in 1742, it appears, that for 134 years cupping glasses and ligatures had been applied to prevent the effects arising from the bites of serpents. A ligature was first tightly applied about three inches above the in-

jured part. Cupping glasses were applied over it, after having scarified the part. The glasses were applied frequently, if necessary; and when they fell off, the parts surrounding the wound were firmly pressed with the hands to squeeze out the poison with the blood.

ENEMA OF STRAMONIUM.

The Duke de la Vauguyon died lately, at the age of 83. It appears that his death was occasioned by a severe inflammation of the intestines and epiploon, comprised in two large herniæ, which he had borne for many years, and which had become strangulated; the inflammation extending to the stomach and œsophagus. Now there would appear nothing remarkable in the death of a person so aged, in consequence of such a disease; but the gossips of Paris having discovered that the apothecary's apprentice had sent three drachms of datura stramonium instead of the *same quantity* of tobacco leaves, which were prescribed, to be made into an infusion, and given in the form of clyster, circulated a report that the Duke's death had been hastened by this mistake; whereas it appears that the occurrence took place twelve days before the patient's death. It may, indeed, be well doubted whether the apothecary's pupil did not rather do good than harm, by the substitution of the stramonium for the tobacco, in so large a quantity.

FOSSIL ANIMAL.

The Lancaster Gazette (Ohio) gives the description of an animal of an unknown species, the bones of which were found in a marsh near New Orleans. The Mammoth, of which so much has been said, is nothing compared with these enormous remains. The upper jaw is 20 feet long, and 3 feet wide, and weighs more than 1200 pounds. Towards its extremity there is a kind of horn, 9 feet long, and from 7 to 8 inches in diameter; and which appears to have served as a defence to the animal: the other bones are of an equally gigantic size. The back-bone is 16 inches in diameter, and the width of its passage is 9 inches by 6. The ribs are nine feet long. This species, undoubtedly long since extinct, must be, says the American Journal, of an aquatic nature, or at least amphibious.

PROCEEDINGS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

May 12.

DR. THOS. WILLIAMS, VICE-PRESIDENT, IN
THE CHAIR.

MR. HOWELL requested the opinions of the Society on the administration of the *secale cornutum* as an adjuvant in parturition. It had been stated, said Mr. H. as an inconvenience, in regard to the use of this remedy, that if the placenta did not come away immediately after the foetus, irregular action of the uterus would supervene. It had, however, been remarked also, that in the cases in which the ergot of rye had been successfully employed, no *after pains* had ensued.

Mr. Waller said that he had found the ergot of rye to be a remedy of very considerable power in augmenting uterine action. It should not be employed in labour till the os uteri be fully dilated; nor should it be administered in cases marked by considerable diminution of the capacity of the pelvis, for the effect of the remedy was sometimes "tremendous." Mr. W. added, that in those cases in which he had seen the ergot of rye used, he had seen no injurious effect accruing to the child.

These observations were followed by a discussion on the general effects of the *secale cornutum*, in which Dr. Stewart, Mr. Lambert, and Mr. Walne, were principally engaged.

Dr. Williams related, upon unquestionable authority, an instance of a "drunken butcher" having taken two ounces of the tincture of digitalis, in two doses of an ounce each, in quick succession, without the slightest inconvenience ensuing.

This anecdote elicited a debate on the *modus agendi* of digitalis.

Dr. Clutterbuck stated, that although he had seen large doses of digitalis prescribed, and had in a few cases commenced with doses of that kind, yet his general practice was to give the medicine in doses of 10 or 15 drops; if no effect followed this use of the remedy, he was not accustomed to pursue it. He was not friendly to the large doses of digitalis. He was always prepared to meet with the accumulated effect of the remedy.

SUBSCRIPTION.

To the Editor of the London Medical Gazette.

SIR,

As several members of the medical profession have lately been convicted of having in their possession disinterred subjects, for the purpose of dissection, and as they have been put to great inconvenience and expense in

consequence of legal proceedings against them, it has been deemed advisable to form a Committee to receive subscriptions, with a view of placing such individuals under the protection of the profession in general. A Committee of the following gentlemen, resident in London, has been nominated for the accomplishment of this purpose:—

Cooper, Bransby, Esq. Pattison, Professor G.S.
Grainger, R. D. Esq. Smith, Southwood, M.D.
Green, J. H. Esq. Somerville, James, M.D.
Johnson, James, M.D. Tyrrell, Fred. Esq.

And they earnestly request your assistance and co-operation in obtaining any subscriptions, and will be greatly obliged to you to transmit the same to the Treasurer.

I have the honour to be,

Your obedient servant,

F. TYRRELL, Treas. & Sec.

London, 17, New Bridge-Street,
Blackfriars, April 30, 1828.

P.S. It has been determined that no individual subscription shall exceed the sum of one guinea.

NOTICES.

✍ We have received a letter in the names of several Pupils, requesting that the Stamp-ed Edition might be resumed. We beg to inform these gentlemen, and all who may be similarly situated, that the GAZETTE may be had, through the medium of the booksellers, at all the principal towns, in parcels by the coaches, almost as soon, and at considerably less expense, than by post.

We have received a letter signed "a General Practitioner," containing an interesting fact with regard to the use of sulphuric acid: we hope he will put it in our power to publish it with his name. Abstract reasoning may, without impropriety, be anonymous, but we trust that our correspondents will agree with us that facts lose their force when unauthenticated by the name of the narrator.

We delayed Dr. Ward's communication for a week, because we suspected, from the form in which it was sent, that it had been transmitted to other journals. The result has proved that we were correct.

We are informed by Dr. Nayler that he is engaged in performing some experiments, with a view of ascertaining the correctness, or otherwise, of the statement of Dr. Mac-michael's correspondent, "that variolous matter having been made to pass through the cow, produced the proper vaccine pustule." We shall be happy to publish the results.—[This notice was omitted by the printer last week.]

A Correspondent is very anxious to have a Portrait of Mr. Green: we fear this is a matter in which we cannot assist him;—as Mr. G. is Professor to the Royal Academy, we would advise an application there, as more likely to be successful.

THE
LONDON MEDICAL GAZETTE,

BEING A

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OF

Medicine and the Collateral Sciences.

No. 25.]

SATURDAY, MAY 24, 1828.

[Vol. I.

LECTURES

ON THE

NERVOUS SYSTEM,

Delivered at the College of Surgeons,

By MR. CHARLES BELL.

(Concluded from page 686.)

ON THE NERVOUS CIRCLE.

IN reviewing these facts regarding the nerves of the face and head, a question of much interest arises; for, since we have found that there are nerves provided to carry the influence of the will to the muscular system, and that there are other nerves, distinct in their nature, whose office it is to give sensation, it may be very naturally asked, can that property or influence which is conveyed by a nerve, go backwards and forwards along the same filament, or through the same tube? or, on the other hand, does the nervous fluid (to use the hypothetical term) pass ever in the same direction, outwards from the brain in one nerve, and towards it by another? You know what has been imagined about the function of a nerve: some have conceived that it is a vibration along a minute cord; others that the nerves are fine tubes, having an æthereal fluid passing through them; or again, others that there is a galvanic fluid attached to the filaments, on the analogy of electricity or galvanism extending along wires.

Now I say, that whatever hypothesis you choose to adopt, the question may very naturally be agitated, can that influence, conveyed through a nerve—be it a vibration, or a fluid, or some galvanic influence—can it, I say, be propagated

by the same tube or fibre backwards and forwards, in two opposite directions, at the same instant of time? I apprehend that it cannot.

When this difficulty is stated, and is fairly before us, we look to those experiments which prove that nerves are of a different nature, with increasing interest. Thus we have seen two nerves going to the same muscle, divided; and when we touched one of these nerves at its extremity connected with the muscle, the muscle was excited; but when we touched the extremity connected with the brain, it was attended with no result. On the other hand, taking the other nerve also connected with the muscle, (the branches of which can be seen dispersing themselves to its minute fibres) and irritating it as we did the former, the muscle was quiescent—no power was propagated in that direction; but taking the other extremity of this divided nerve (that connected with the brain), and pinching it, there was pain. What, then, is the difference of these two nerves? Is it in the direction in which they convey their impression, since it is proved that they are both connected with the sensorium, and both connected with the muscles? I am inclined to say that it is so; that the distinction of their functions depends on the course of the fluid through them, or the direction by which the impression is propagated. It may then be the same sort of influence which is excited, and the difference may only be in the direction in which that influence is propagated; for, otherwise, I am quite at a loss to explain how it shall happen, that here are two nerves going into the body of a muscle, of equal size, similar in appearance, distributed in equal

branches, both sinking into intimate connexion with the muscular fibre: and if you injure the one, there is not the slightest motion in the fibre of the muscle; if you injure the other, the whole muscle is convulsed. It is from this process of reasoning, and by considering these facts, that I am inclined to say there is a circle in the nervous system—that one nerve conveys its influence towards the muscle, and the other gives the knowledge of the condition of the muscle by the influence propagated from the muscle towards the sensorium. At all events, you observe that a mistake has hitherto universally prevailed in supposing that one nerve could perform two functions of opposite tendencies

I need not carry you back to the proofs which we had in the eye, that one nerve, be it either a nerve of sense or a nerve of motion, was insufficient for the protection of that organ; but let us consider the influence of the nerves of sensation and motion in the body, and the necessity of their co-operation. I shall illustrate this subject by a case, which you will know how to appreciate, when I tell you that it is from one of the most acute and intelligent men of our profession (Dr. Ley).

(Mr. Bell here stated a case in which a woman was deprived of sensibility on one side, whilst she retained the power of motion; at the same time that, on the other side, she had lost the muscular power, without there being any diminution of sensibility*) This patient could hold her child to her breast whilst she looked upon it—that is, when the eye directed the operation of volition; but if her attention was withdrawn by looking to other objects, the muscles were relaxed, and the child was in danger of dropping from her arm. She retained the power of acting with the muscles, but their sensibility was gone. This illustrates the fact that the motion of the muscles is governed through a consciousness or perception of that motion. Indeed it can only be from a sense of the condition of the muscles of the hand and arm, for example, that you know the position they are in when there is no contact, and, therefore, no exercise of the sense of touch. The man whose arm has been

amputated, has not merely the perception of pain being seated in that arm, but he has likewise a sense of its position. Thus I have seen a young gentleman, whose limb I amputated, making the motion of his hands to catch the leg and place it over the knee, after the limb was removed, and the stump was for some time healed; so a man, who has lost his arm close to the arm-pit, has a perception of that arm changing its position. It is by this sense of the condition of muscular action that we are enabled to regulate the whole muscular system, and balance the body.

But we have no time to speak of the importance of this subject as connected with the sense of touch, or with the exercise of the eye. A few minutes only remain, and I would wish to employ them in impressing upon you the necessity of studying the functions of the parts, as well as the anatomy of the nervous system. What will it inform you that you see three nerves going to the tongue, unless you study the relation of the functions of that organ, as well as the connexion of the three nerves, not with each other only, but with other nerves? And so in the eye, within the small space of the orbit, we see six nerves congregated. To be sure they imply the importance of that organ; but can this be a satisfactory conclusion to the inquiring mind? I am certain that it cannot. Let me advise you, then, before you attempt experiments on these nerves, or expect to understand the full effects of the experiments that have been made, to study the functions and properties of the organ. The eye has commonly been considered as an optical instrument, and has been principally studied by those who were masters of general science, more than of anatomy, by which accident some of the most interesting parts of the whole subject have been left unexplored.

CONCLUSION.—I have attempted to compress my subject into three lectures, a thing which I find, too late, to be impossible. I ask your attention once more to these three plans. In this, you see the spinal marrow, in all its length, with double nerves going off from it in due succession, and at regular intervals. These nerves are competent to perform two distinct functions, by having two distinct origins: they minister to sensibility all over the body, and they con-

* With Dr. Ley's permission we shall give the original communication. See p. 755.

trol all the voluntary motions. In this second plan, you have nerves proceeding from a different column of the medulla oblongata, and diverging extensively over the body, in all the extent from the eye-brow to the diaphragm. When these nerves are entire, the animal breathes; when they are individually cut, the parts to which they are distributed cease to correspond with the others in the act of breathing, although the parts so separated are supplied abundantly by nerves of the first class. If you lay these diverging nerves over those parallel nerves, thus joining the regular and superadded nerves together, they assume a character which belonged to neither of them separately—an irregular tissue results. When you contemplate the united functions of these nerves, the animal feels, shrinks, has progression, respiration, and voice, through their combination. Now turn your eye to this third plan: you see here an extensive system of nerves, remarkable for the number and seeming irregularity of their ganglions. You see this small ganglion connected with the fifth and the sixth; you trace it down to this larger ganglion upon the neck, then upon the middle and lower part of the neck. Through the thorax and the abdomen you can still count these ganglions; and as to the nerves connected with them, they extend universally. If you see them forming more numerous and larger plexuses upon the viscera, it is because they are there less confounded with the nerves of the first and second system; but you can trace them upwards, in relation to the fifth, the sixth, seventh, &c.; you trace them upon the surface of the head, as well as in the cavities of the face and upon the neck, into the nerves of the axillary plexus; you find them connected with each nerve as it goes off from the spinal marrow; you trace them into the pelvis, going into the nerves of the lower extremities: they form an universal system of nerves.

I have told you why I do not think that they should be called the ganglionic system. You know that they have been long called the sympathetic nerves, because all the connexions of the parts, whether in the performance of their natural functions, or exhibiting the symptoms of disease, were accounted for through these nerves. Even when you sneezed, the consent of parts was

explained by the relations established through this extended nerve. Not one word of all this is true. The sympathetic system of nerves ministers neither to sensibility nor motion of any kind: they have nothing to do with the operations of the sensorium, and all the actions of the respiratory organs are independent of them. They are known to us only by their negative qualities, and we are left to conjecture their uses: that they may serve to constitute the living body a whole, forming that bond which unites the several viscera together; making one dependant upon the other, forming them into a circle; uniting the body, the head, and limbs, so as to be one in constitution; they may be subservient to circulation, secretion, and absorption. I can see no objection to the term sympathetic system; or, if you choose, the constitutional system; as they are the means through which the constitutional powers are exercised, independently of sensibility or motion.

Now if you lay this third plan over these two former ones, you have synthetically combined the nervous system of the human body into its original intricacy; where, however, I must repeat, the confusion is only in the minds of those who pretend to know the nerves without diligently studying their anatomy, in combination with the organs in the performance of their different offices; and so far from there being confusion, there is a perfect and systematic arrangement in the whole.

CLINICAL LECTURE

ON

PARTIAL PARALYSIS OF THE FACE,

DELIVERED BY MR. BELL,

At the Middlesex Hospital.

(For the case which forms the subject of this Lecture, see the *Middlesex Hospital Report* in the present Number.)

GENTLEMEN, I have brought this man to you, that you might yourselves examine him, and be satisfied as to certain facts, which men, high in science, and respectable in our profession, have denied with a heat and pertinacity which I can never understand, and which surely ought not to belong to such an inquiry.

For years I had the conviction that the nerves, and especially the nerves of

the face, had distinct functions. What deterred me from announcing my opinions was, that I conceived it impossible but that experience and observation must have long ago ascertained the fact. Yes, gentlemen, from the dissection, I conceived that the branches of the fifth nerve, and of the portio dura of the seventh nerve, must have distinct offices. But then, I said, if it were so, the fact could not be so long concealed. Men are cutting these nerves every day; they are exposed in wounds; and yet I find no surmise to countenance this idea. Were I to refer to my note books I could prove to you how anxiously I looked around for some circumstance to support this opinion; and although of late years many such cases as the present have been submitted to me, there was a time in which I would have given all that I was worth to have such proofs as you have now before you.

Some will contend about the propriety of making experiments on the living—none will hesitate to say that it is our duty to observe accurately, when an accident may be converted into an experiment. This poor man was tossed by a bull: the horn went in here at the angle of the jaw, and he hung suspended upon it, until the integuments before the ear giving way, he dropped. The blood flowed copiously, and he will tell you that he heard it splashing upon the ground: notwithstanding, he expresses, with gratitude, that his doctor made a famous cure of it. The point of the horn had entered behind the upright portion of the jaw, and hooked up and torn across the portio dura of the seventh, where it is coming forwards from the stylo-mastoid foramen. It is the effects of the division of this nerve to which I wish you to direct your whole attention; since it is as much of the nature of an experiment as if you had tied an animal neck and heel, and had divided the nerve with your scalpel.

You have observed the remarkable distortion of the whole face; and that one side is become as it were a dead mass, incapable of motion, or of expression of any kind; an effect which, heretofore, any medical man would have supposed could only be produced by the division of all the six nerves that go to the side of the face; whereas you see the effect has been produced by the destruction of one only. You observe, by the answers to my questions, that

whilst motion is gone, sensibility remains. And you cannot resist the conviction that the remaining sensibility is owing to the entireness of the branches of the fifth pair, which come out through the orbit, and through the upper and lower maxillary bones; whilst the loss of motion has resulted from the tearing of the portio dura. Nor is this a solitary case in this hospital. A patient was brought in who had put a pistol to his ear; which, strange to say, did not immediately destroy him, nor at once deprive him of sense; though ultimately he died. The temporal bone was shattered, and the portio dura torn: and the paralysis of the muscles of the face was as complete as here.

[Mr. Bell.—Now, my friend, shut this left eye.

Patient.—No, sir, I cannot do that: my wife says I never shut my eye.

Mr. Bell.—But make an attempt: close both your eyes, as if you were going to sleep.

The patient makes the attempt, but still adds, it is needless; “my wife says I never shut this eye.” In the attempt, we observed, that when the right eye-lids were closed, the left eye-ball was rolled up, so as to be concealed under the upper eye-lid.]

Mr. Bell continued.—You witness the fact, then, gentlemen, that there is this very remarkable turning up of the cornea in the attempt to close the eye-lids; and you comprehend how this takes place: the imperfection is only in the eye-lids; and, although the will cannot reach them, owing to the division of the portio dura, yet the rolling of the eye is performed, because the nerves to the oblique muscles within the orbit are entire. To you, then, there can be no denying this revolving of the eye; and in future you will allow no question about it.

If you will take the trouble to inquire, this man will tell you that he is not at all aware of the eye being turned up; although he can turn it up by a voluntary act, and be conscious of it at the same time. This is altogether an instinctive or involuntary action in the eye-ball; and you are not familiar with it merely because it is a part of the protecting action, accompanied with the rapid closing of the eye-lid which conceals it. You may, however, feel it at any time, by putting your finger upon the closed eye-lid; and then, acting

with the eye-lids to close them more firmly, you will feel the convexity of the cornea slip upwards: or, spread out the eye-lid upon a friend's eye with your fingers, until you see the cornea under the tense skin: then ask him to make the effort to wink, and you will see the convex body slip up and disappear.

Without going far into this question, I would just observe that this motion is altogether for the protection of the eye: and you see that there are two parts of the same action; first, the dropping of the eye-lid, like a curtain; secondly, the raising of the cornea towards the lachrymal ducts; by which these ducts are stretched, and a copious secretion bedews the cornea.

The cutting of the portio dura, or of that branch of it which goes towards the eye-lids, paralyses the orbicularis palpebrarum, and they therefore remain open. This has a very bad effect, by causing inflammation of the eye; and, in this case, you perceive the effects of this inflammation, in the eversion of the lower eyelid, and the redness of the tunica conjunctiva—the circumstance, indeed, which first attracted our friend's attention to this man on passing him in the street. But the cornea is still safe; and you see how this is: although the eye-lid does not descend, yet the eye ascends to the eye-lid: and it is wiped, cleaned, and moistened, by this partial performance of the instinctive act of winking. We have had in this house a girl in whom the eyelids of both sides were so adherent to the eye-brows and cheeks, from a burn, that they were not recognizable from the common skin. The eye-balls stood out naked; and although the horrible and preternatural appearance of the girl, consequent upon the staring eye-balls, was increased by the red circles of inflammation around them, yet the corneæ were preserved transparent, by their being raised in the frequent act of winking, and dipped, as it were, at the lachrymal fountain. In the case before you, although the eye is not altogether destroyed by inflammation, you see the very unpleasant effects produced by the deprivation of this branch of nerve, in the exposure, inflammation, and suffusion of the surfaces.

The next thing that is curious is the condition of his eye in sleep. You find it stated that the cornea goes up during

sleep: for his wife being asked, if, since the eye-lid remained open, he continued looking at her when asleep, she answered, "that cannot be, for only the white of the eye is seen." You have here, then, all but ocular demonstration of what I have elsewhere affirmed, that there is a particular position of the eye-ball, or, in other words, another condition of the muscles of the eye-ball, peculiar to the state of sleep. Indeed, it must be obvious to you that if, in this man, the pupil were not covered, and the cornea moistened during sleep, there would be an incessant irritation upon the eye, from the entrance of the light, and the evaporation of the moisture from the cornea. But, however interesting in a philosophical light, this is not practical; and, therefore, I am not at liberty to detain you longer upon it in this place.

[Mr. Bell.—Now, my friend, let us see you take a snuff: (the patient put the pinch to the right nostril). But why do you not snuff with the left side?

Patient.—Because it does not go high enough to let me feel it.

Mr. Bell.—Can you breathe through that left nostril?

Patient.—My wife says I cannot.

A bottle of carbonate of ammonia being put to this nostril, he said, with some emphasis, "I can feel that."]

You see, gentlemen, that this honest fellow bids well to have domestic peace: he confides more in his wife's authority than in his own sensations. But you will have no difficulty in understanding how the destruction of the portio dura affects the sense of smelling, and destroys, in a great measure, the gratification of snuffing. The cartilages of the nose form a very curious structure; and, you know, are moved by four appropriate muscles, these muscles being governed by the respiratory nerve of the face or portio dura. Every violent inspiration is attended with an excitement of these muscles, and an expansion of the tube: were this wanting, you see what the effect would be. At the moment of a sudden inspiration, instead of the tubes for the passage of the air being enlarged proportionally, they would hang, like this man's nostril, upon the left side, which you see forms a loose membranous slit; and be more apt to close and cause a sniffing, in drawing the breath, than to become inflated to admit the air freely. In smelling, or in snuff-

ing, there is such an action of these muscles as produces both a narrowing and a new direction of the lower part of the tube of the nostril; by which the air, and whatever that air has suspended in it, is drawn forcibly upwards to the more sensitive part of the Schneiderian membrane. Our friend here finds it a mere waste of snuff to put it into this nostril: he tells you it does not go high enough: he can draw it in, but he cannot make it mount. You perceive, then, that although the function of the olfactory nerve remains entire, the loss of the portio dura is attended with a destruction of that apparatus which is made subservient to the organ of smelling.

[Mr. Bell.—Do you put the morsel into the left side of your mouth?

Patient.—Yes, but I *wumble* it over to the other side.

He now got a pot of porter, and as he swallowed, there was a flapping of the paralysed cheek; he said that he required time, or it would fall out of his mouth again. Mr. Bell thought he felt a stringy or active condition of the buccinator, but recommended us to give him another pot some other day, and ascertain this.

He was now asked if he could laugh; and, quaintly enough, he answered, yes, when he had got something to laugh at; and on this he exhibited a very singular distortion of countenance: at each cachinnation his left cheek was puffed out, flapping like a loose sail; and the forehead and eye-lids of this side remained perfectly still; whilst upon the right side the whole mouth was drawn upwards, the cheeks were strongly wrinkled, and the eye-lids puckered.]

You know, gentlemen, that I have classed the portio dura of the seventh pair with the superadded respiratory nerves; as, besides having the voluntary power over the muscles of the face, it produces that consent among them with the organs of respiration, which continues when the voluntary power is gone. And as this portio dura takes its circuitous course, for the purpose of associating parts necessary to the act of respiration, for the same reason it must be the nerve of expression; since the self-same parts are the organs of expression that are the organs of respiration. Suppose that a filament of the fifth had been the link of connexion to establish the sympathies among the

features of the face, (as it was once supposed the ganglion of this nerve was for that purpose) then the nerve of expression in the face would have been separated from the other parts of the organs of respiration, and, consequently, from expression. You witness, however, in this patient, the fact: you see that with the destruction of this nerve, the expression in laughing is gone from the side of the face. You will, perhaps, take it on my authority, that crying would be all on one side of the face too. The neck, shoulders, and chest, would be equally incapable of agitation in laughter or weeping, if the respective nerves of this class were divided. Now these are the extremes of expression; and all the intermediate gradations which are the signs of emotion, are frequently lost.

This subject is not uninteresting to you in practice: for as you find the portio dura in possession of distinct properties, all of them related to respiration—breathing, speech, and expression; you will not be surprised that these functions are occasionally differently affected; as, for example, a man will continue to possess the power over the nerve, as the nerve of speech, and yet he will be incapable of expressing the usual signs in laughter, or in crying. In short, you find that your patient sometimes exhibits paralysis of the side of the face only when he smiles or laughs; at other times it is not observable. We really have no reason to conclude that the one property of a nerve requires a finer organization than another. I would rather suppose that this power of expression is constituted with a finer relation to the condition of the mind, and of the body; and, therefore, we may suppose is more easily affected by slighter derangements.

MEDICAL STATISTICS.

*Abstract of Lectures, delivered at the
College of Physicians,*

By DR. BISSET HAWKINS.

Lecture Third.

THE most prominent fact afforded by medical statistics, next to the diminished mortality of infancy, is the beneficial change which has supervened within the

last 100 years in the fate of lying-in women.

In 1750, at the British Lying-in Hospital of London, 1 woman died out of 42 admitted. In 1780, only 1 died out of 60. And, finally, the improvement became so great in the ten years between 1789 and 1798, that only 1 case was fatal out of 288.

Tenon assures us, that the mortality of lying-in women at the Hôtel Dieu (where they were formerly received) was so high as 1 in 15, at the very time when in the British Lying-in Hospital it was only 1 in 60; and the still-born were 1 in 13 at the former, when only 1 in 25 at the latter.

The mortality of the Lying-in Hospital at Paris was, in 1822, 1 in 30; but at the City of London Lying-in Hospital, the deaths, in 1826, were only 1 in 70; and at the Dublin Lying-in Hospital, the average deaths of 57 years have been only 1 in 93.

The deaths at the Lying-in Hospital of Stockholm were, in 1822, nearly the same as at Paris—1 in 29.

At Berlin an improvement has taken place in this respect. From 1796 to 1806, 1 woman died out of 32 admitted into the Charité; but in the ensuing ten years, only 1 in 45.

The varieties in the proportion of the still-born in different places are very difficult of explanation. In Prussia, 1 child in 32 is still-born; in Hanover, about 1 in 30; in Sweden and Finland, about 1 in 40. On the contrary, at Strasburg, on an average of 20 years, the proportion has been 1 in 11, and is at present 1 in 12½.

The still-born are generally more frequent in towns than in the country, and more common among the poorer classes than the affluent. At Stutgard it has been remarked, that the still-born increase nearly in the same degree in which the illegitimate births are augmented.

We have some curious details on the mortality of prisons, from France; but few from other countries. The highest mortality any where known among adults seems to arise at the Dépôt of Mendicity of St. Denis, where 1 individual dies annually out of 3 admitted. In all the other prisons of Paris, the annual deaths are about 1 in 23. On the contrary, those of the galley-slaves, who live much in the open air, are only 1 in 49.

So great was the care taken of prisoners of war in England, that in 1813, only 1 died out of 55, although labouring under most of the privations which embitter and enfeeble existence.

The superior health enjoyed by the British army and navy, when at a distance even from home, has often been a subject of surprise and exultation. Let us go back above half a century, and hear the opinion of a distinguished foreign historian. Alluding to the events of the seven years' war, Müller observes, that the resources of military talents were never more successfully applied than by the Britons during that contest: so much care was taken to provide for all the wants of the soldiery, that the ordinary mortality among the wounded was not more than 1 in 20; and out of 14,000 men who were employed in the year 1760 in cruising in the Bay of Biscay, scarcely 20 were attacked by disease.

If we follow the steps of the late war, we shall discover many results equally remarkable. Assuredly no ancient nor modern General has ever been so deeply indebted to his medical companions as the Chief of our Peninsular troops.

Even on the barren rock of Gibraltar, the mortality of our garrison was only 1 annually in 48, according to a recent report, and exclusive of the years in which epidemic fever prevailed.

Very different was the fate of the disabled soldier in remoter times. It appears that each Roman legion, containing from 3 to 4000 men, had only one medical officer attached to it.

To mark the improvement of health in our navy, we may compare the fate of Commodore Anson's crew with a ship placed in similar circumstances about fifty years subsequently. Anson passed 143 days at sea, without touching at any place of refreshment. On his arrival at Juan Fernandez, half of his companions alone survived; and of the remaining 200, only 8 were efficient. But in 1794, the *Suffolk*, a 74 gun ship, during 162 days had no communication with land, and arrived in India without the loss of even one man, and with no case of severe disease at the time of disembarkation. The success which attended the efforts of Cook, and, subsequently, of Captain Parry, in checking the inroads of disease upon their crews, is universally known. The total mortality of our navy, in all parts of the world,

including those who were lying in hospitals, was, in 1813, only 1 in 42.

A portion of the good health enjoyed by our army and navy must be ascribed to moral causes, such as national spirit, and general success. The operation of moral causes on the health of soldiers was strongly evinced in the French army during their disastrous campaigns of 1813 and 1814: the number of its diseases preserved a terrible proportion to its losses, and increased with every failure.

Suicide is so frequent a topic of allusion in medical writings, and so often depends on a deranged state of body or mind, that it seems to merit a place in medical statistics. We have here a very pleasing conclusion to draw in respect to our own country, as, in spite of ancient prejudices entertained against our supposed propensity, it really appears that the English are *less* disposed to suicide than any other people who have attained a similar grade of civilization. If we should even quadruple the usual return in the bills of mortality, the suicides of London would still fall greatly short of those of other capitals.

The population of Westminster is above 182,000. The annual average of suicide during the 13 years ending in 1825, has been only 22. During the last eight years a reduction of nearly six suicides has taken place on the average of each year. In 1817 and 1821, the amount was only 17. Far from November being the most influential month, its average was only 2, while that of June was nearly 3. The proportion of male suicides to female was so much as 5 to 2. Nearly the same proportion of the sexes occurs also at Paris, where the suicides appear to be often five times more numerous than in London, in proportion to the population. In the first six months of 1819, the suicides at Paris were about 200. The persons taken out of the river alone amounted, in 1820, to 260; in 1821, to 309. In Prussia, the increase of suicide, and its present height, are very remarkable. In 1818, the total number was 650; but in 1822, so large as 859. At Berlin, from 1788 to 1797, one suicide appeared amongst 900 deaths; but from 1813 to 1822, there was one in 100 deaths. At Copenhagen the proportion has lately been 100 annually amongst 100,000 inhabitants. Even at

Rouen, the number in a recent year is as large as that of London. In 1793, a stormy period for France, 1300 are said to have occurred at Versailles.—Amongst nearly 152,000 persons insured at the Equitable Office, only 15 instances happened during 20 years.

We are compelled to attach a much lower importance to the influence of climate, both in health and disease, than was formerly assumed. In Europe, at least, the maladies of the individual seem to depend much more upon his habits, condition, and occasional local peculiarities, than upon the varieties of climate. Even in tropical climates, a large proportion of European mortality must be ascribed to the neglect of a congenial diet, and to a deficiency of self-control. Niebuhr, who saw all the companions of his travels perish around him, imputes their fate to their European mode of life. It has been thought that females suffer less from the change of climate than men; and their more regular and cautious habits may probably form an outwork.

In the epidemic cholera of India, the mortality of the European troops was greatly inferior to that of the natives: $27\frac{1}{2}$ out of 100 of the former, were cut off; but so overwhelming a proportion as 80 among 100 of the latter.

Humboldt has furnished some details of the rate of mortality in New Spain: the average of the whole kingdom was 1 in 30 annually. Mr. Bristed states the average of annual deaths throughout the United States to be 1 in 40.

The influence of climate in Europe is most visible in the various fatality of the same months to different cities. The axiom of Celsus on the seasons is not at present applicable to the northern capitals. In London, the autumn now appears the most healthy; after it, in succession, the summer and winter; and least of all seems the spring. Paris and Berlin correspond nearly with London; but Montpellier, Padua, and Milan, reverse the order.

When we speak of a healthy climate, it is gratifying to reflect, that, in most instances, it is man himself who has created these climates of health. Machiavelli, in his early epoch, anticipated this great truth: he remarks, that unhealthy countries become wholesome through the population which cultivates them.

Poverty, cold, and moisture (the two

last of which are generally included in the first) are the most powerful enemies to the enjoyment of health and longevity; and affluence, on the contrary, is the strongest safeguard of the body. Epidemics are the offspring of misery, and upon the poorer classes their principal ravages are exhausted. Of an equal number of infants chosen among the poor and easy classes in France, the proportion of deaths among the former is found to be double. The mortality of women is, in some countries, and particularly in England, less than that of men, because they are more secluded from the conflict of life, and are less exposed to weather and to severe labour. In France, the mortality of the sexes is nearly the same, because the female of humbler rank there performs a large part of the manual and out-of-door employment. The conservative tendency of an easy condition is marked by the very inferior degree of mortality and of disease which occurs among insured lives—and generally among any large societies composed of persons in the enjoyment of competence. At the Equitable office, it was found, in 1810, that the actual deaths which had occurred among 83,000 persons insured during 30 years, were in the proportion of only 2 to 3 of what had been anticipated from the Northampton tables. The annual mortality at the Equitable, from 1800 to 1821, was less than 1 in 81 annually. At the University Club it has been, during 3 years, only 1 in about 90, annually. The annual deaths at the Edinburgh High School and Academy, are only 1 in 833. Far different is the fate of the slave: a fifth or sixth part of the negro slaves was formerly computed to perish annually; and of 20,000 exported to Rio Janeiro in 1823, 1400 had died on the voyage—which is, nevertheless, an improved report of a slave ship.

A remarkable table has lately been published by Mr. Morgan, illustrative of the increase and decrease of diseases in this country. It comprises the diseases (certified by the medical attendant) which were fatal among nearly 152,000 persons insured at the Equitable, from 1800 to 1821; of every age from 10 upwards. The greatest number of deaths under any head, is 262 for “natural decay and old age.” This item is nearly a seventh part of all the deaths. Next follows apoplexy, 242; consump-

tion, 153; general fever, 146; dropsy, 137; palsy, 116; dropsy of the chest, 100; diseases of the liver, 79; inflammation of the bowels, 77—of the lungs, 73. Only 8 from calculous disorders. Angina pectoris yields 44 deaths; gout, 26; but small-pox, measles, and scarlet fever, not one. The deaths from consumption are scarcely 1 to 12; whereas, in the bills of mortality, they are at present 22 per cent.; and at the end of last century were 26 per cent.;—two facts which seem to indicate that it is less prevalent than formerly.

After enumerating so many varieties in the distribution of mortality, it remains to consider the causes which diminish it, and which have, in our own country, rendered that diminution so conspicuous.

The particular causes have been long generally admitted: such as improvements in ventilation, and in the general economy of hospitals; the general adoption of a more rational treatment of disease, and particularly of the antiphlogistic plan. They chiefly affect disease already formed, and promote a fortunate termination.

The general causes act on the entire mass of a nation, and operate in the prevention of disease. Among these, the increase of agricultural and commercial industry has multiplied the comforts of the lower classes, and has enabled them to procure a more spacious dwelling, more frequent changes of clothing, and food more abundant and more wholesome;—insomuch that the average mortality and health of every nation are mainly determined by the degree in which its government has encouraged these pursuits, or has checked their free course. So intimate a connexion subsists between political changes and the public health, that, wherever feudal distinctions have been abolished, wherever the artisan or the peasant have been released from arbitrary enactments, there also the life of these classes has acquired a new vigour; and it is certain, that even bodily strength, and the power of enduring hardships, are divided among the nations of the earth in a proportion relative to their prosperity and civilization.

We may easily conceive the different frame of body and of mind which is likely to grow upon the unemployed inhabitant of a decayed city, who gloomily wanders, without an object, through

silent streets, whose pavement is choked with grass; and upon the active citizen, who feels himself a constituent member of a flourishing community, and who is attracted on all sides by invitations to the exercise of his faculties.

It is indisputable, that the average proportion of deaths in England and her cities is less than that of any other country in Europe. And it may be added, that the powers of body and of mind are preserved to a late period, in higher perfection here than in other countries;—nowhere are the advances of age so slowly perceived, and nowhere so little manifested on the exterior. An analogous condition of vigour may be also observed in our animals, and in our vegetation; and if it should be replied, that this excellence is owing to the care bestowed on their culture, the answer applies equally to the human being, on whom more attention is here lavished, and who is really here an object of greater value than elsewhere.

If political and moral circumstances actually possess so preponderant an influence on the production of disease, and on the guidance of its fatality, it seems to be incumbent on our profession to study their progress, and to profit by their results. A peculiar set of diseases appears to belong to every age; and it may almost be affirmed, that there is also a mode of treatment adapted to every age.

SPONTANEOUS EVOLUTION OF THE FŒTUS.

To the Editors of the London Medical Gazette.

Nailsea, near Bristol,
May 10th, 1828.

GENTLEMEN,

HAVING read, in the 20th Number of the Gazette, two cases by Geo. Jewell, Esq. of that species of delivery commonly known by the term “spontaneous evolution of the fœtus,” I am induced to report to you a case of that description which occurred in my own practice within the last two years. If you think it of sufficient interest to deserve a place in your useful publication, you will, by inserting it, oblige

Your obedient servant,

THEODORE DAVIS.

The mode in which this kind of de-

livery is accomplished, appears to be now fully understood, and though the term originally applied by Dr. Denman be still employed, yet those who have carefully observed the progress of such cases must be convinced that there is no retrocession of the part first presenting, but that the thorax, abdomen, breech, and inferior extremities, successively descend into, and are propelled through, the pelvis, the arm and shoulder still remaining in their original situation, until the case becomes converted by the foregoing process into a common foot presentation; though I believe it sometimes happens that the whole body of the fœtus, by one very powerful pain, is expelled through the os externum.

On the 22d of November, 1826, I was called to Wm. Say's wife (æet. 26-7), in her first labour. Every thing went on favourably for some time, when she was seized with violent convulsions. She was bled very largely, with considerable relief; still, at each recurrence of the pains, which were particularly severe, convulsive action was observable. The os uteri being fully dilated, and the child being ascertained to be dead, the head was punctured in order to expedite delivery, which was then accomplished speedily, and without farther difficulty. Upon examination immediately after the birth of this child, another was perceived, with the arm presenting. Dreading the protraction of labour, on account of the convulsive tendency, and knowing the great facility with which “turning” is accomplished before the discharge of the liquor amnii, I immediately bared my arm to perform this operation ere the pains returned and the second membranes were ruptured; but even in the short interval which was occupied in the preparation, an exceedingly powerful pain ruptured the membranes, and propelled the shoulder low down in the pelvis. The pains continued powerfully and rapidly; the shoulder became wedged beneath the arch of the pubes, and the delivery was soon completed in the manner I have before mentioned. The child, although the woman had arrived at the full termination of pregnancy, was scarcely full grown, dead, and in a very flaccid state, from its approach to putrescency. The woman did well.

The natural and safe termination of cases of cross position, is, I believe, a comparatively rare occurrence, and re-

quires for its accomplishment, if not universally, yet, at any rate, so commonly as to constitute a general rule, the following circumstances:—on the part of the mother, a well-formed pelvis, and powerful uterine contractions; on the part of the child, that it be rather below the natural size, that it be dead, and that the body have become, from this cause, more than usually flexible*. It will not, therefore, be prudent for the practitioner to place any dependence upon the unaided powers of nature, when called to such kinds of labour: he must generally endeavour to effect delivery as soon as possible, after the full dilatation of the os uteri, either by turning, or, where this is unadvisable, in the mode recommended by Drs. Douglas and Lee. Irreparable mischief may arise from injudicious attempts to turn, but inevitable death will follow the majority of arm presentations with cross position, if left to the resources of nature alone.

CASE OF PARALYTIC AFFECTION,

In which sensation was diminished on one side and the power of motion on the other.

BY H. LEY, M.D.

[For the following communication we are indebted to Mr. Charles Bell.—This case is referred to by him in his lecture, see p. 746.]

THE case about which you have more than once expressed an interest was this:—

Mrs. W. was delivered by a midwife at Kilburn. Her labour was easy, but followed by profuse hæmorrhage upon the separation of the placenta, and after its exclusion from the uterus.

She revived from the state of exhaustion immediately consequent upon the loss of blood, but at the end of about three or four days became feverish, and complained of severe head-ache; for a week, however, she had no other assistance than that of the midwife.

At the end of this time (about ten days after her delivery) the head-ache continuing, and being now accompanied

with some degree of “numbness on one side,” I was requested to see her.

I found her labouring under severe head-ache, not confined to, but infinitely more violent upon one side than the other, and occupying the region of the temporal and occipital bones above the mastoid process, and attended with considerable pulsation.

Upon one side of the body there was such defective sensibility, without, however, corresponding diminution of power in the muscles of volition, that she could hold her child in the arm of that side so long as her attention was directed to it; but if surrounding objects withdrew her from the notice of the state of the arm, the flexors gradually relaxed, and the child was in hazard of falling. The breast, too, upon that side, partook of the insensibility, although the secretion of milk was as copious as in the other. She could see the child sucking and swallowing, but she had no consciousness from feeling that the child was so occupied: turgescence of that breast produced no suffering, and she was unconscious of what is termed the *draught* on this side, although that sensation was strongly marked in the other breast.

Upon the opposite side of the body there was defective power of motion, without, however, any diminution of sensibility. The arm was incapable of supporting the child; the hand was powerless in its gripe; and the leg was moved with difficulty, and with the ordinary rotatory movement of a paralytic patient; but the power of sensation was so far from being impaired that she constantly complained of an uncomfortable sense of heat, a painful tingling, and more than the usual degree of uneasiness from pressure, or other modes of slight mechanical violence.

Medicinal agents, including blood-letting, general and local; blisters; purgatives, &c. directed, first by myself, afterwards by Dr. P. M. Latham, to whose care I directed her in the Middlesex hospital, were of little avail, and she at length left the hospital, scarcely, if at all, benefited.

At the end of a few months she again proved pregnant. Her delivery, at the full time, was easy and unaccompanied with hæmorrhage, or other formidable occurrence, but at the expiration of about ten days she complained of numbness on both sides. Her articulation was indistinct: she became more and

* In this opinion, I believe, I am fully borne out by many eminent men. I may mention Dr. Gooch, whose observations upon this subject, in his Lectures, I well remember.

more insensible, and sunk completely comatose.

Upon examination of the body no positive disorganization of brain could be detected. The ventricles, however, contained more than usual serum; and there were found, more especially opposite to the original seat of pain, thickening, and increased vascularity of the membranes, with moderately firm adhesion in some parts; in others, an apparently gelatinous, transparent, and colourless deposit interposed between them.

Such is the outline of a case which I have been in the habit of quoting in my lectures, as an illustration of one of the pathological conditions which I have repeatedly observed as a consequence of great and sudden loss of blood; and as a proof that it is a state of local congestion allied, if not amounting to, actual inflammation. It, however, obviously involves many other interesting points connected with those intricate subjects which you have so successfully unravelled.

I am, dear sir,
Yours, very truly,
H. LEY.

INJURIOUS EFFECTS OF SULPHURIC ACID DURING SUCKLING.

To the Editors of the London Medical Gazette.

GENTLEMEN,

THE case of poisoning by sulphuric acid, related in your last Number, in which the acid was detected in the body of the infant, induces me to request you to insert the following remarks in your valuable publication.

That the sulphuric acid given to mothers, whilst suckling their infants, produces injurious effects upon the latter, appears to be unquestionably the case, although, as far as I know, unnoticed by authors. In a few days, the bowels become much disordered, the motions very frequent and green in appearance, and, if we can judge by the restlessness of the little sufferer, passed with pain. If the acid be persevered in, the health of the child becomes most sensibly affected, and death at last closes the scene. I could mention a few cases which occurred under my notice, in which mothers, whilst suckling infants, were reduced to such a state of debility

as to require the administration of gentle tonics, and in which cases the diluted sulph. acid was selected and prescribed in doses of from gtts.v. to gtts. x. three or four times a day, in conjunction with infusion of roses. In nearly all the cases which fell under my observation, the mothers were much improved by the treatment, whilst the infants suffered in the manner before detailed. The probability most certainly appears to be, that the acid passes from mother to child in a free and uncombined state, and irritates the delicate mucous lining of the alimentary canal—so much so as to cause ulceration. My attention was first directed to this subject by a man who asked me “what I had given to his wife, as the child’s napkins, upon being washed, went into holes?” I did not attribute the holes made in the napkins to the acid, but supposed they were produced by some other cause. In this case, the health of the mother was perceptibly improved.

I remain your’s respectfully,
THOMAS BEVAN.

9, Queen-Street, Cheapside,
May 16th, 1828.

ANALYSES & NOTICES OF BOOKS.

“L’Auteur se tue à alonger ce que le lecteur se tue à abrégér.”—D’ALEMBERT.

On the Utility of the Stethoscope. By
RICHARD TOWNSEND, M.D.

THE cases adduced by Dr. Townsend, in illustration of the utility of the stethoscope, are extremely well calculated to support his views. We shall select one of them—a case of pleurisy and pneumothorax, with fistulous communication between the bronchia and sac of the pleura.

John Munro, a tall, well-proportioned dragoon, 30 years of age, was labouring under a complicated chest affection for about five months before he came under Dr. T.’s care. At this time his symptoms were as follow:—Considerable emaciation, much dyspnœa, profuse night sweats, diarrhœa, thirst, anorexia; pulse 120, small and vibratory; the number of respirations 30. Cough troublesome on awaking in the morning; sputa apparently mucous. On viewing the thorax, the right side appeared considerably more dilated than

the left, especially anteriorly and laterally, at its lower half. Percussion employed over the dilated surface elicited a clear hollow sound. In this space, too, the respiratory murmur was perfectly inaudible; but immediately after coughing, a peculiar sound, resembling the vibrations of a porcelain jar when gently struck (*tintement metallique*), was distinctly heard in a space, corresponding to the posterior convexities of the sixth, seventh, and eighth ribs. This sound was not produced either by inspiration or speaking. Succussion did not produce the sound of fluctuation, although the patient said he felt water dashing against his side. At the left side of the chest, the sound on percussion was natural, though considerably duller than at the right. Respiration was distinctly audible all over the lungs' surface, except in the space corresponding to the superior lobe, where cavernous respiration, and cough, with perfect pectoriloquy, were heard distinctly.—

Diagnosis: a tubercular cavity in the upper lobe of the left lung; the right side of the thorax distended with air and fluid; in the right lung, a tubercular cavity, communicating with the sac of the pleura on the one hand, and with the bronchia on the other, allowing the air inspired freely to pass into the pleura; finally, the superior lobe united by old adhesions to its corresponding costal pleura.

The preceding symptoms and diagnosis were written on the evening of the first visit. Subsequently some additional circumstances were noted, such as that over the lower lobe of the right lung a full inspiration sounded, precisely like blowing into an empty bottle (*bourdonnement amphorique*); speaking, as well as coughing, followed by the *tintement metallique*. It is remarkable that the patient could not recollect any sudden aggravation of his symptoms about the period when his breathing became materially affected; neither did he suffer much pain of the right side, the other giving him far the greater uneasiness of the two. We pass over the minor details of the case: the patient died in about three weeks.

Dissection.—Thorax: a trocar was introduced between the fifth and sixth ribs of the right side; an immediate rush of air followed, part of which was collected in a large phial, filled with water, and inverted over the canula;

but upon examination, it was found not to differ from ordinary expired air. On removing the sternum, a vast unoccupied space was observed anteriorly, capable of containing fully two quarts of water. This was the space occupied by the air. The right lung just appeared above the surface of the fluid which occupied the posterior region of the thorax; it was closely compressed against the spine, and seemed reduced to one-third of its natural dimensions. The fluid effused was of a yellowish green colour, in quantity about two quarts. An incision being made in the trachea, the pipe of a pair of bellows was introduced, and the air was found to pass freely through the lung, appearing in bubbles at the surface of the fluid in which it was immersed. In fact, the fistulous orifice was discovered on the anterior surface of the lung, about two inches from the summit of the upper lobe. It was large enough to admit the top of the little finger; its margin well defined, rounded, and nearly cartilaginous. A probe introduced, passed readily through a series of small tubercular cavities into one of the principal bronchia. We do not think it necessary to enter into the minutiae of the dissection; suffice it to add, that every part of the diagnosis was fully borne out.

This case of pleurisy with pneumothorax differs from all others on record, in the total absence of pain on the side affected, and in not having its commencement marked by any violent or sudden symptoms of dyspnoea or pain. Two more cases of this rare disease are detailed in the present volume of Transactions; one of them having occurred in the practice of Dr. Stokes, and of which he gives an interesting account in his paper on phthisis, presently to be noticed; and the other related by Dr. Townsend, in an appendix to the paper which we have just been considering.

Clinical Observations on Phthisis Pulmonalis. By W. STOKES, M.D.

This is a very able communication on the correct pathology of certain pulmonary complaints, and particularly of tubercular phthisis. We regret that we cannot bestow more space upon its details; but we shall take the liberty of stating the general conclusions which may be drawn from the facts which he

adduces. 1. That the development of tubercles in a predisposed habit is greatly favoured by an attack of continued fever. 2. That in this manner death may supervene apparently from the irritation of the tubercles, even before they have gone on to suppuration. 3. That these cases are much more rapid in their course, and accompanied by more violent symptoms, than those of ordinary phthisis. 4. That when the extensive development of tubercle occurs simultaneously in the lungs, and the parenchymatous organs of the abdomen, the symptoms are those of the highest degree of catarrhal and gastric fevers. 5. That a patient labouring under such an affection, may present most of the symptoms of violent inflammation of the stomach and intestines, without having these organs at all engaged. 6. The tubercles of the abdominal parenchymatous organs are, to all external appearance, identical with those observed in the lungs. 7. That the stethoscopic indications of the sudden and general development of tubercle in the lungs are those of violent bronchitis, with some pneumonia; the lung becoming, to a certain degree, dull on percussion, though still every where permeable. 8. That, in these instances, the heart does not undergo that diminution in size and consistence so remarkable in the common cases of phthisis. 9. That in cases of phthisis rapidly supervening after fever, general suppuration of the tubercles in the lung may take place in so short a time as seven days. 10. That a recurrent crepitating râle in the same situation, with gradual increase of dullness of sound on percussion, may be reckoned as an excellent diagnostic of the growth of tubercle. 11. That disease of the valves of the heart rarely occurs in phthisis. 12. That in cases of phthisis with intestinal ulceration, death may be occasioned by hæmorrhage from the bowels. 13. That the softening of a mass of tubercular matter in the lungs, may be accompanied by symptoms indicative of the formation of a common abscess, from inflammation of any of the internal organs. 14. That the aphthous ulceration of the bronchial mucous membrane, when it does occur, is generally met with in the air passages leading to a cavity of long standing. 15. That a patient may live for upwards of five months after the opening of a fistulous communication from the lungs into

the cavity of the pleura. 16. That displacement of the heart in cases of empyema, with pneumothorax, when the fistulous communication remains open, must be attributed to the pressure of the liquid effusion alone. And, lastly, that the diminished size of the lung, in such cases, is probably owing to some other cause than mere mechanical pressure.

Case illustrative of the Effects of a Division of the Spinal Marrow. By Mr. WALLACE, M.R.I.A. &c. &c.

Mr. Wallace was suddenly called on to visit a man who had fallen from a drawing-room window into a deep area. Upon examination, by passing his finger along the spine, with some degree of pressure, he felt a very obscure crepitus, as if the spinous processes of those dorsal vertebræ which lie between the scapulæ, were broken; and when the pressure was increased at this part, it appeared to cause intolerable distress. For four hours the patient was in a state of frenzy; at length he became comparatively tranquil, and answered collectedly every question he was asked. He had no sensibility, or power of moving his lower extremities; or, to use his own words, he was dead from the chest downwards. In fact, from the seventh vertebro-sternal rib downwards, all was insensible, and incapable of motion. With a catheter (the introduction of which he did not feel) the urine was drawn off; blood was abstracted from the arm, though it could be procured but scantily; purgative enemata were administered without any effect, and the stomach rejected every thing that was swallowed. Being questioned as to the sensations which accompanied the vomiting, he said he was not at all sick, nor were his feelings such as he had experienced on other occasions during the effort of vomiting. He appeared to have some power of suspending that action of the stomach, which caused the discharge of its contents; and when he directed his attention particularly to it, he was able to retain his drink for a short time. With a view to procure some evacuation from the bowels, frictions on the abdomen were tried, with a mixture of jalap, rhubarb, and gamboge, in mucilage of gum arabic, as recommended by Alibert; but all in vain. Hiccup now supervened, as well as vio-

lent palpitation of the heart, which beat with great frequency, and with such force as to be observable through the sheet.

It was in this distressing state of things that it occurred to Mr. Wallace to add some tartar emetic to his whey, in the proportion of a grain to the pint, and this beverage was given him *ad libitum*. Why the tartrate of antimony should be selected, it is by no means easy to conjecture; but we are told that its exhibition was followed by the most beneficial effects. The bowels began to act copiously, and the hiccup and vomiting ceased. However, on the ninth day after the accident, the patient died.

Dissection.—On exposing the condition of the vertebral canal, the spinal marrow, with its proper membranes, was found torn across at the part which corresponds to the interval between the third and fourth dorsal vertebræ. Its lacerated ends were separated to the extent of half an inch, and the interval filled with blood. The spinous processes of the second, third, and fourth dorsal vertebræ were fractured at their root; but, viewed from the thorax, the spine did not present any marks of injury. In the head, the superficial veins of the encephalon were very much distended, and a thin stratum of effused blood covered the posterior, superior, and the external surfaces of the posterior lobes of the brain, and part of the surface by which they correspond to the longitudinal fissure. In the abdomen, there was an extensive inter-susception of the small intestine. The liver was charged with black blood. The gall-bladder, very much contracted, contained about two drachms of a viscid, colourless, and insipid fluid, resembling, in its appearance, the white of an egg. In the chest, the pleura was fully and minutely injected with dark-coloured blood. The lungs were firm, and did not collapse, being gorged with black blood. The right ventricle of the heart was considerably dilated, and filled with coagulum. There were two circumstances relating to the general condition of the body after death, which, taken in connexion, seem to be worthy of note. These were, the extreme rigidity of the muscular system, and the protracted continuance of vital heat; from which it would appear that there is no foundation for Rysten's hypothesis, that "in mammiferæ and birds, the moment

rigidity of the muscles begins, is the same in which the vital warmth is extinct," &c. The temperature of the paralyzed parts did not suffer any diminution. Hence, if Mr. Brodie's opinions be well founded, that the brain is the source of animal heat, and the spinal marrow the organ of its transmission, we must conclude that it performs this function by means of the trisplanchnic nerve, and not by its own peculiar nerves. Mr. Wallace very properly doubts whether the discharge from the bowels on the fourth day resulted from the tartar emetic, or from the effect of the injury itself. When a bladder has been paralyzed from injury of its nerves, retention of urine is the immediate result; but, sooner or later, this is followed by incontinence, as was the case in the present instance. This phenomenon is to be explained by a law to which the action of the nerves appears to be subject, viz. one degree of pressure, or irritation, will produce spasm, or convulsion, and a greater degree of the same will cause loss of power, or paralysis. This law will be found to govern the muscular system, voluntary and involuntary, and consequently the sphincters. The inflammation of the thoracic viscera, and the violent action of the heart, may very well be accounted for, from the direct operation of the injury to the spinal cord. In that diseased state of the cord, which accompanies curvature of the spine from caries of the vertebræ, the pectoral organs experience much distress. The relations of the intercostal nerve with the spinal column, would, perhaps, satisfactorily explain the phenomena in both cases*.

Case of extreme difficulty of Respiration successfully treated. By M. RYANE, M.D.

[Dr. Ryane thinks our reviewer did not do him justice in his notice of this paper: as the case in question is short, we think the best plan is to give it in the author's own words.]

MRS. C. æt. 23, married, and nursing at the time, retired to rest in perfect

* The above papers, with the analysis of which we have presented our readers, are published in the "Transactions of the Association of Fellows and Licentiates of the King and Queen's College of Physicians in Ireland," Vol. V.

health on the night of the 25th of Sept. 1825. Her eldest child having been suddenly taken ill in the course of the night, she sat up in her undress, and exposed herself in that state, at the outer door of her house, to the chilling influence of the night-air, when she was almost immediately seized with pain in the chest and extreme difficulty of breathing, so urgent as to threaten almost instant suffocation. At three o'clock next morning she was bled to eight ounces, without relief.

At two o'clock, P.M. of the 26th, I was called to see her. I then found her sitting up in bed, her elbows resting on her knees, her breathing very laborious, with inspirations long, expirations short, terminated by moans; face pale; lips livid; features relaxed; eyes glassy; no pulse could be felt at the wrist; heart's action feeble and indistinct; hands and feet covered with a cold clammy perspiration. Speech and intellect unaffected.

The symptoms were so violent that her case appeared quite hopeless; first, because the lancet could not be used, as the circulation had nearly ceased; and secondly, because death was to be apprehended before a blister could take effect. Some expedient more immediate in its action was therefore to be adopted.

From repeated trials of hydrocyanic acid I felt convinced that it was a most efficacious remedy in relieving difficult respiration and oppressed circulation, and that therefore it was peculiarly adapted to the present case; and as the symptoms were so extremely urgent, I determined to push the use of the acid until it produced most sensible effects. Accordingly six minims of the acid, as prepared by Scheele, were mixed in two ounces of distilled water, with one drachm of compound spirit of lavender. Of this mixture she was to take half an ounce every ten minutes, until her breathing was in some manner affected. I also directed that if any relief were obtained by the first, second, or third dose, the medicine should not be repeated oftener than every half hour, and that it should be discontinued altogether, and the administration of a little brandy substituted, if sudden weakness, headache, or fainting, should supervene.

So hopeless was this case, in my opinion, that I thought it most probable

that the woman would be dead before the medicine could be administered.

Four o'clock, P.M. The medicine has been taken as directed; the breathing is much easier, and the patient is altogether wonderfully relieved. She complains of some debility. Six o'clock, P.M. Is not so well as at last report; complains much more of weakness. Let her have some brandy in small quantities during the next hour. Seven o'clock, P.M. Pulse very weak, small, and frequent. Says she experienced the greatest relief from the mixture, which is all taken; but the shortness of the breathing has been increasing for the last two hours, and is now as violent as at two o'clock, P.M. Her countenance expresses extreme anxiety. On the whole her case seems perfectly hopeless. Let her have eight minims of the acid with two grains of tartar emetic in two ounces of distilled water, half an ounce to be taken every ten minutes, as above directed.

27th. Eight o'clock, A.M. Took four doses of the medicine in the interval between twenty minutes past eight and nine o'clock last night, when considerable ease was obtained. The last dose was taken at ten, soon after which her body recovered its natural temperature; sleep also supervened, and continued till this morning. At present countenance natural; breathing easy; no pain in any part of chest; pulse 100, stronger and fuller. The mixture has acted on her stomach and bowels, though she had previously taken two ounces and a half of castor oil without effect. She wishes for broth, and considers herself free from complaint.

In this case it appears that in the space of eight hours the vast quantity of fourteen drops of hydrocyanic acid was exhibited, and with decided advantage. The acid was obtained from the establishment of Messrs Stanley and Co., Dublin, and was prepared according to the formula of Scheele, and I saw both my prescriptions faithfully compounded. Had I not considered the present case perfectly hopeless, I would not have pushed the acid so far.

This remedy is extremely dangerous, and requires the closest observation of the practitioner. The use of the most powerful stimulants should immediately be had recourse to when its deleterious effects on the constitution are percep-

tible. In conclusion I beg to state, that I have used the hydrocyanic acid in numerous cases of severe pulmonary disease, in functional and organic diseases of the heart, and in violent cases of asthma, dyspnœa, and orthopnœa, with the most marked and decided advantage.

MEDICAL GAZETTE.

Saturday, May 24, 1828.

"Licet omnibus, licet etiam mihi, dignitatem *Ar-
tis Medicæ* tueri; potestas modo veniendi in pub-
licum sit, dicendi periculum non recuso."—CICERO.

ON THE DISSECTION OF HUMAN BODIES.

THERE is no subject, perhaps, in which the moderns more excel the ancients than in a correct knowledge of the anatomy of the human frame. It is not very clear that the science of medicine is much improved by this, as far as regards abridging the catalogue of diseases, but its utility in improving our acquaintance with existing maladies, and thus prolonging human life beyond its former duration, is very obvious; while surgery, and those operations which depend upon manual skill, are more advanced than perhaps any other department of human art. Almost all the wounds mentioned in Homer proved mortal to his heroes, which an assistant surgeon, in a modern regiment, could have cured. Sceptics ask, why miracles in the New Testament were not performed in restoring lost limbs, when so many mutilated Roman soldiers were to be found every where about Judæa, after it had become a Roman province; but the answer is obvious,—there were no mutilated soldiers in those days; the hæmorrhage that followed the loss of a limb was mortal, because the ancients were unacquainted with the anatomy of the human frame, and could not take up arteries, of whose

existence they hardly knew, and of whose relative position they were utterly ignorant.

The reason why the ancients were so exceedingly ignorant and inexpert in this science, is obvious; they considered every person who touched a dead body as polluted, and nothing would induce them to examine them by dissection. They had, moreover, certain religious prejudices which restrained them; they generally thought it necessary to burn the body, and afterwards to deposit the ashes in their sepulchres; believing that the dead, whose friends neglected the ceremony, were condemned to wander, restless and forlorn, on the banks of the Styx for 100 years, without a possibility of crossing to the other side*; it was deemed, therefore, a matter of religious duty to dispose of the body in this way, and suffer no one to dispose of it otherwise.

The first person on record who dissected a body of any kind was Democritus, of Abdera; and his practice was exclusively confined to inferior animals. He was followed by Hippocrates, but his dissections also were merely of brute subjects. The practice, however, soon after became more general among men of science, and Aristotle carried it so far, that his pupil, Alexander the Great, presented him with 100 talents, a sum equal to 50,000*l.*, to procure the bodies of different animals for examination. All this, however, threw but little light on the anatomy of the human frame, and gave no aid in the cure of the accidents or maladies to which it is liable. It is unnecessary to state how dissimilar are the same organs, both in structure and situation, in man and other animals. The stomach, for example, is in the human subject different from that of every other; and the intestines so little resem-

* Virgil, *Æn.* VI. 325; Archytas in Hor. *Carm.* l. I. Od. 28, line 23.

ble, that the division into small and great, and the names of cœcum and duodenum, imply a size and shape the very opposite to that which exists. Yet we still retain those appellations, taken by the ancients, from parts which they saw, and applied to parts which they had never seen, to the permanent injury of the science, and the utter confusion of names and things.

The first attempt made to obtain a real and correct knowledge of the structure of the human frame was at Alexandria. Here the enlightened descendants of Alexander the Great, the Ptolemies of Egypt, not only gave permission for the dissection of human subjects, but promoted and encouraged the practice. The usages of the Egyptians, from time immemorial, were highly favourable to the project; and the prejudices of ignorance and superstition did not oppose it. The custom of embalming their dead had already familiarized them with opening the body, and the necessary process of dislodging the bowels and the brains had prepared them for further dissections: they were, therefore, familiarized to it to a certain extent, and did not look upon the process with the same horror as other nations. Herophilus and Erasistratus were the intelligent men to whom the world is indebted for the first conquest over the most absurd and injurious prejudice that ever retarded the amelioration of the human condition. They founded a school of anatomy for the dissection of human subjects, which soon became very famous, as well for its intrinsic importance, as because it was permitted nowhere else. It was here that Galen studied, and for some time the school of Alexandria enlightened the world with its important discoveries in the peculiar structure of the human frame, and the wonderful adaptation of its parts to their several uses. It was here that man was taught, for the first time, to

“look from nature up to nature’s God;” and Galen, when he contemplated how fearfully and wonderfully man was made, exclaimed, “I deem myself as composing a solemn hymn to the author of our bodily frame; and in this I think there is more true piety than in sacrificing to him hecatombs. I will, by this means, endeavour to know him first myself, and afterwards shew him to others, to inform them how great are his wisdom and justice.”

From this time, for several centuries, no advance was made in the art of healing, because the practice of dissection was discontinued after a short, but brilliant period. The Arabians alone made some progress in medicine, founded on the experience of certain drugs; but the seat of the disease remained unknown, where no attempt was made to ascertain it by actual inspection of the body on the death of the patient. At length, in the 14th century, the practice was cautiously revived, and Mundinus has the credit of again conquering the prejudices against it.

Mundinus was a celebrated physician and Professor of the university of Bologna, about the year 1316. Having carefully dissected and examined human subjects, he composed and published his “*Anatomia humani corporis*,” which was in such repute for its valuable information, that for two centuries after no other anatomical work was allowed as a text book in the universities of Italy*. From his example the practice gradually expanded itself all over Europe; and every nation, convinced, as it were, of its necessity, permitted or encouraged it with various modifications.

We have already mentioned, in a former number, the liberal and judicious regulations instituted in Italy by Benedict the XIVth. In France, too, the facility of dissecting human bodies was

* Haller, Bib. Anat.

greatly promoted : every patient who died in an hospital was appointed for anatomical examination ; and by this means not only the morbid cause was immediately inquired into, but students were furnished with a constant supply of subjects. In Vienna a similar regulation exists ; and the supply there also is very abundant, and readily procured. The dissecting halls are open to public inspection, and we were particularly struck in passing through them, to observe the multitude of recent subjects stretched out in every attitude and stage of dissection, divested of those circumstances which revolt the senses, and injure the health in our anatomical schools, by the disgusting state of putridity in which the student is compelled to dissect the bodies. Indeed, in every part of the continent, with the exception, perhaps, of Russia, whatever prejudice once existed against the practice, seems to have disappeared ; the schools are open to every visitor ; and the spectator looks on with the same feeling that he would regard any other scientific investigation which involved the best interests of mankind.

It is in England, and in England alone, that a prejudice against the practice still lingers, when it seems to be extinguished in the rest of civilized Europe ; and to this prejudice, perhaps, the absurd enactments of our own legislature have mainly contributed. In the year 1548, an act was passed in England, empowering the company of barber-surgeons to take yearly, for dissection, four bodies of felons, after their execution*. This act was further extended in the year 1752, by a statute, directing that all bodies of malefactors, condemned for murder, should, as part of their sentence, be given for dissection † ; and this remains in force, and is acted on at the present day. To add to this, it is made a misdemeanor to take up a body

for dissection ; and that nothing might be wanting to deter, it is made felony, and so involving the penalty of death to the offender, if any part of the clothes, or other property, buried with the deceased, be accidentally or designedly taken away with the body. The natural consequences of these enactments are obvious, as they regard the progress of science, and the feelings of society. First, our knowledge of anatomy must depend on the increase of crime in the country ; since the law allows only the bodies of malefactors, and punishes the taking of any other ; so that if our people become moral, the science must become extinct, for want of means of instruction. Again, it fosters and cherishes the prejudices of the people against the practice ; for who would not be reluctant to submit their friends to any practice which would confound them with felons ? Or can we hope that the love of science, however strong, or the good proposed to society, however great, could conquer the repugnance to submit to a process which is awarded as a punishment to the most atrocious malefactors ? Lastly, by annexing severe penalties to the act of exhumation, although the only means by which bodies can be procured, it teaches the people to look upon dissection itself as a crime, and those concerned in it as guilty of a criminal act ; and not only meriting punishment, but as deserving that reprobation which public opinion annexes to those who violate the laws of the country.

It seems a strange anomaly that England, foremost in the race of improvement in every other scientific pursuit, should in this most important one, be retarded by a weakness, of which other nations, far behind her in every thing else, seem to have divested themselves. In Ireland, so stigmatized for prejudices, this at least is not to be enumerated. Indeed, so ardent are the

* 39th Hen. VIII.

† 25th Geo. II.

Irish in pursuit of knowledge on this subject, that they follow it with an impetuosity characteristic of the country. An eccentric surgeon of Dublin used to declare that he had dissected his nearest relations, at their own request, for the benefit of science; and his only regret was that he could not in the same manner dissect himself. The consequence, however, of this is, that the school of anatomy in Dublin has nearly superseded that of Edinburgh, where the prejudices against dissection are so violent, and is now second to none in Europe. Every pupil, on the payment of a trifling sum, is supplied with a recent subject as he wants it; and this in such abundance, that we have heard the late Dr. Hartigan say, he was one of 16 persons dead and alive who one evening entered the College in a hackney-coach.

Let us not be misunderstood: we are very far from approving of the practice of disinterment—we are most anxious to see it altogether abandoned; but this can only be done by rendering it altogether unnecessary; for we are quite sure that it will be continued at any hazard unless a more safe and prolific source of obtaining bodies be opened. That the intelligent and zealous members of the anatomical committee will be able to suggest some plan by which the evils complained of may be obviated here, as they have been in other countries, we cannot doubt; at the same time, to use the language of Sir James Macintosh,—“we believe with equal confidence that if things go on as they now threaten, we shall close the better part of the means of instruction in the medical sciences; but that a miserable remnant must still be scantily supplied by that system of clandestine and contraband disinterment which shocks the heart of the mourner, disgraces science as well as renders its profession odious, and becomes, like smug-

gling and poaching, a school in which men are fitted for the worst crimes.”

In effect, the law, as it at present stands, is as unjust as it is absurd. It inflicts penalties on quacks, because they are not men of science, and on men of science, because they do not continue quacks.

PERSONS LEAVING THEIR BODIES FOR DISSECTION.

THE document which we mentioned in a former number as having been drawn up by Dr. Macartney, now bears the signatures of more than a hundred different individuals of respectability, and of various professions, including some lawyers and clergymen. The following instance of the same feeling displayed by an individual of humbler rank is worthy of being recorded; it is remarkable, that here too the legatee is an Irishman.

To the Editor of the London Medical Gazette.

SIR,

THE following is an extract from the will of a man who is now a patient in the Bristol Infirmary, and probably may be deemed worthy of notice in the pages of the Medical Gazette, particularly as the bequest was entirely a voluntary and disinterested act.

I am, Sir,

Your obedient servant,

WM. F. MORGAN,

House Apothecary.

Bristol Infirmary, May 15th, 1828.

“The last Will and Testament of me, Patrick ———, of the City of Cork, kingdom of Ireland.

“I, Patrick ———, though weak in body, am of sound mind and memory, do make this as my last will and testament; that is to say—I give my body to the surgeons and apothecary of the Bristol Infirmary, to be by them, or the young students, anatomised, and disposed of otherwise, as their wisdom may think fit, as soon as it pleases God to call me, which I hope will not be long;

and I do earnestly request that Mr. Morgan, the apothecary to the house, may take upon him the superintendence of the dissection of my body."

HOSPITAL REPORTS.

ST. THOMAS'S HOSPITAL.

Periodical Pains.

Treated by Dr. Elliotson.

THE pathology and therapeutics of some neuralgic affections being still involved in much mystery, any thing tending to elucidate either the one or the other cannot but be acceptable. We are certainly indebted to Mr. Charles Bell for dispelling much of the mist which, till his time, obscured this subject. A more rational view of the physiology having been opened to us, an improvement in the pathology naturally followed: thus, for example, partial paralysis, so frequently met with, without loss of sensation, and, *vice versâ*, formerly considered as inexplicable, are now satisfactorily accounted for. But much still remains obscure—as severe periodical pains occurring in various parts of the body; or, again, such as occur at no regular intervals, but intermit, and are reproduced at any period by slight causes—as *tic douloureux*, or the constant pains relieved by pressure, and unaccompanied (as are the others) by any cognizable organic lesion, as painters' colic, with numerous other maladies which need not be enumerated. The pathology of these, our improved physiological notions have failed to explain; our therapeutical measures are, therefore, employed in the dark—the light of reason cannot guide us, and we are necessarily empirics; it is only by a careful record of facts, and by a judicious classification of, and careful deductions from, those facts, that we can hope to further enlighten these interesting (because dark and intricate) subjects. We will, therefore, record three cases, treated by Dr. Elliotson, of the first form of nervous pain we have mentioned, viz. "periodical."

Sarah Roots, æt. 26, admitted Jan. 3, 1828. Complained, when admitted, of severe, sometimes "excruciating," pain of the left side of the face and neck, seldom extending below the clavicle, occurring every afternoon about

five o'clock, and continuing about four hours, being in the interim entirely free from pain in that part; but has, however, constantly some pain in the wrists and shoulders; the latter is always increased by warmth, the former as invariably relieved by it. In other respects she enjoys a tolerably good state of health; catamenia regular, appetite good, bowels regular. She has, it appears, been ill nearly three months; but the periodical pain has lately become much worse.

Ord. Extr. Stramonii, gr. j. horâ 4tâ p. m. sumend.

5.—Pain in the neck has returned each day at the usual hour, but was yesterday neither so long continued nor severe. The stramonium produces no unpleasant symptoms; bowels rather costive.

Extr. Stramon. gr. iss ut antea sumend.
Haust. Sennæ, C. stat. p.

8.—Had some return of pain last evening; it was, however, very trifling. Stramonium is well borne.

Pergat.

12.—Nearly well as regards the pain in the face and neck; but the other pains still continuing, the liniment. ammon. was ordered. This was employed a short time; and, for a few days more, the stramonium was continued, when the patient was discharged cured.

Eliz. Briant, æt. 30, admitted Jan. 24, 1828. Complained of very urgent pain occurring every evening in the right half of the face, and shooting down the neck. She had also constant pain, with tenderness, in right hypochondrium; pain in right shoulder and arm; sallowness of countenance, and headache; a cough, with copious expectoration of frothy mucus; some lividity of the lips, and dyspnœa; bowels scantily relieved, motions pale; some nausea, and furred tongue; catamenia (scanty) every fortnight; pulse small, and somewhat accelerated.

Applicentur C. Cruentæ hypoch. dextro, ut extrahantur sanguinis ℥xij.

Empl. Canth. sterno applicetur.

R Extr. Stramonii, gr. j. Hydr. Submur. gr. v. 1 pil. horâ 5tâ post merid. sumend.

26.—Pain in the face very slight last evening; was, indeed, somewhat re-

lieved the first day. Pain in right side, and pectoral symptoms, also improved.

Pergat.

28.—Has still some pain in the evening; has now slight ptialism; in other respects better.

Omit. Hydr. Submur.

R Extr. Stramon. gr. iss. vesp. quotidie sumend.

Garg. c. Chlor. Sodæ frequent. utendum*.

30.—Very trifling pain in the face; in every other respect much better, except a slight return of the cephalalgia, for which twelve leeches were applied to the temples, with complete relief. The above plan was continued a short time, and she was dismissed cured.

The above two cases are not the only instances of the kind (which have occurred under Dr. E.) successfully treated by stramonium, given just before the expected attack. They are selected as shewing it, in the latter case, complicated with other diseases; and, in the former, occurring in an otherwise tolerably healthy subject. The following case, although occurring "periodically," differs in its seat, in the method of treatment, and, probably, in its cause, from the above.

Chas. Smith, æt. 47, admitted March 10, 1828. Complained of severe gastrodynia occurring thrice each day; at about ten o'clock in the morning, five in the evening, and at midnight. His appetite is good, no tenderness in the region of the stomach, or thirst. It appears he has suffered frequent slight attacks of gastrodynia for near two years, during which period he has been a painter, and before that time his occupation was sedentary: has never had any severe attack of colic. The pains became periodical several months ago, and have so continued to his admission.

Ord. Sulph. Quinin. gr. x. bis quotidie sumend.

It would be useless following the diurnal details in this case; we shall, therefore, give a sketch of its progress. For the first few days the pain was somewhat relieved by the quina; but it then returned with as much violence as when admitted. The dose was, in consequence, increased to 15 grs. twice daily; from this he also, for a time, felt some

benefit; but ultimately it proved useless. It was then increased to ℥j. twice, and, ultimately, thrice in the day, when, on the whole, the attacks were not so severe, and for a short time he had only two in the 24 hours; but no further benefit accruing, the medicine was discontinued. No unpleasant symptoms at any time resulted from these unusual doses of quina; one day, indeed, he complained of pain in his head and giddiness; but this subsided in 24 hours, without additional remedies, although (it being a day on which the physician did not go round) the quina was regularly continued, and therefore could not be fairly attributed to it, seeing the only sensation produced was a slight one of heat in the throat and fauces; but of this he did not complain. The account was "begged" of him. It is curious, that on the day he suffered head-ache the gastrodynia did not occur. From his admission his bowels were regularly open.

We have now arrived at April 6th, when, for the first time, he stated that, three years before, he had passed, piecemeal, a tape-worm of considerable length; previous to which he had suffered great, though not then periodical, pain in the stomach. Dr. E. determined, therefore, to give turpentine a fair trial, in order to ascertain whether any cause of the kind now existed.

Ord. Ol. Terebinth ℥j. vesp. et rep. cras.

8.—The first dose produced both vomiting and purging; the latter rather severe. Motions carefully examined; no appearance of worms; not very dark, or offensive. The pain (after taking the second dose, which purged greatly) did not return last evening.

Pergat.

12.—For three days (till last night) he had no return of gastrodynia, and then it was very mild. No worms. Bowels not much relaxed. The turpentine was now omitted for three days, and the pain, in a minor degree, returned, and two doses more were given; after which, nothing further was required, and he left the hospital (after remaining a short time to recover his strength) cured.

As no worms were brought away in the above case, and still the turpentine effected a cure—How is this explained? It is not improbable that the "periodical pain" was, in this case, owing to

* This is always employed by Dr. E. for ptialism, and in every case with speedy relief.

the poison of lead; to the influence of which he had been subjected—and the usual effect of which, in a mild degree, he had before suffered. The power turpentine possesses over such affections is well known; and why should it not cure them, if they, from some hidden cause, happen to assume a periodical or intermitting form? This, at least, is the only way we can explain it.

Death from Hæmorrhage.

In Mr. Travers's interesting case, recorded in our last number, p. 736, the following concluding remarks were accidentally omitted.

The question may fairly be asked—could any thing further have been done to save the patient?

Mr. South suggested on Tuesday, transfusion. What would have been the effect of this? The same individual also would, in a similar case, employ the actual cautery to check the hæmorrhage; and relates, in support of this measure, an interesting case which occurred under the late Mr. Cline, jun. He had amputated a thigh: the wound took on an unhealthy action; hæmorrhage came on from the femoral artery, which was found (as were the vessels in the above case) diseased: a canula was passed into the vessel; and through this a red-hot iron was introduced: the bleeding was stopped, and the patient recovered.

Probably, considering the previous condition of Mr. Travers's patient, he acted most judiciously in not adopting the measures proposed, but they are well worth bearing in mind; and Mr. South has our thanks (and no doubt those of Mr. Travers) for his valuable suggestions.

ST. GEORGE'S HOSPITAL.

Diseases of the Testicle.

In the nineteenth number of this Journal we detailed two cases of an anomalous disease, affecting the mamma in females, and testicle in males; and we purpose, as opportunities offer, to give illustrations of the various derangements, both in structure and functions, of these important organs. Before proceeding further we shall detail the sequel of William Westbrook's case, which we reported in the above-mentioned number.

We stated that for the first 48 hours

after the extirpation of the testicle there were rather unfavourable symptoms, there being much irritability, dry tongue, thirst, pulse 120 and hard, with some diffuse inflammation in the direction of the cord. Saline draughts, with antimony, were ordered every four hours, and on the 29th (second day after the operation) the constitutional disturbance was relieved, and the local pain and inflammation disappearing, the wound went on healing favourably though slowly, and his appearance at first decidedly improved. In the course of a short time, however, he began again to look sallow and miserable, whilst he was troubled with indigestion and almost constant flatulence. These symptoms attracted attention to the abdomen, and on examining it there was found a very hard and large tumor situated above and to the left of the umbilicus, and apparently connected with the loins and back. The tumor was about the size of a melon, and attended with little pain on pressure; but in the left iliac region another tumefaction presented itself, apparently a process or continuation of the former.

Tinct. Iodin. $\mathfrak{m}\mathfrak{v}$. Mucilag. Acaciæ 3j.
Aq. distill. 3vij. M. ter die.

Subsequently, the dose of the tincture of iodine was raised from five to eight drops, thrice daily, with half an ounce of pimento water and an ounce of infusion of rhubarb. These remedies had no effect upon the tumors, which increased most perceptibly, and on the 6th May the patient was directed to leave the hospital, and breathe some of his native country air, permission being given him to return whenever he should feel inclined. The wound at the time of his dismissal was almost healed, and his general appearance perhaps improved; but still it was lamentable to observe the change which little more than two months sojourn in the unhealthy wards of a London hospital had made on this unfortunate countryman. We suppose that the tumors in the abdomen depended on an enlargement of the mesenteric or lumbar glands, which too frequently become affected after removal of the testicle for malignant disease. In the course of the last summer, Mr. Brodie extirpated the left testicle of a tailor, for hydatid and fungous disease. The man died, very soon after the operation, of peritoneal inflammation, and on dissection the

lumbar glands were found to present decided marks of the same affection as the testicle which had been removed. In the present case the prospect for the poor fellow is gloomy enough, in consequence of the rapid development of the abdominal tumor, whatever it may be.

We shall now detail two other cases of what used to be known by the generic term of "sarcocele," a term under which were lumped diseases of various kinds, mild and malignant.

1.—*Fungous Hæmatodes of the Testis.*—*Extirpation performed.*

Frederick Tanner, æt. 33, a courier of Mr. Stratford Canning's, and a native of Unterwalde in Switzerland, admitted, April 23d, under the care of Mr. Brodie. He states that in November last, whilst riding, he received a blow upon the right testicle, which occasioned much pain for a day or two. In the course of a month a degree of swelling took place, with much inconvenience from continuing to ride on horseback. The swelling went on increasing, and within the last seven weeks he has taken some mercurial pills. A fortnight ago the tumor was punctured by Mr. Brodie, and about an ounce and a half of serous fluid evacuated, since which he has felt more pain, aggravated at nights.

The testicle at present is as large as a middle-sized orange, but more ovoid in figure, and generally pretty hard, except at the lower and anterior part, where fluid is distinctly felt. There is not much pain on remaining quiet, but there is some on pressure, particularly at the upper part, where there is a distinct projection, somewhat softer than the remainder of the tumor. The veins of the scrotum are injected, and the cord enlarged; there is pain in the groin, but none in the back. His health, he says, is pretty good, but he feels sick occasionally, and his aspect is more sallow than can be fairly attributed to climate alone.

On the 25th the testicle was removed in the usual manner, without much bleeding. The vessels of the cord were tied separately, and the lips of the wound brought together by several sutures, passed deep, not merely through the skin, but also through the cellular membrane, and parts beneath. At the

depending part of the scrotum the edges were not brought together, but some lint introduced to allow of the free escape of any matter which might form. There was a good deal of fluid in the tunica vaginalis, and both testis and epididymis were converted into a very fine specimen of fungous hæmatodes. The cord was enlarged for some distance up.

He went on without an untoward symptom, and on the 14th of the present month was discharged the hospital, the wound being just healed. We may remark that the sutures remained in the wound until the 5th, (ten days from the operation) and were not productive of the slightest irritation; indeed, the wound healed as quickly and firmly as a surgeon could desire. Mr. Brodie is always in the habit of passing the suture deep, because when it is introduced only through the integument, that alone unites, the parts beneath are not fairly brought together, and burrowing of matter is too frequently the consequence. That the operation will ultimately save the patient's life, is scarcely to be expected.

In many such cases which have fallen under the observation of Mr. Brodie, the morbid action ultimately fell upon the lungs. In the cases to which we allude, the patients, sometime after an operation for the removal of fungous hæmatodes, were suddenly seized with symptoms of inflammation of the lungs, and to the astonishment of their medical attendants, were rapidly cut off. On dissection, the lungs were found affected with true fungous hæmatodes, which had acted as an exciting cause of inflammation of the pleura, producing an abundant effusion of serum and lymph into the cavity of the chest.

2.—*Chronic Inflammation of the Testis, or Yellow Tubercular Disease.*—*Mercury beneficial.*

Thomas Nibbs, æt. 22, a stout, healthy looking brick-maker, admitted April 9th, 1828, under the care of Mr. Brodie.

In the course of last summer, this young fellow got tipsy and tumbled into a well, and next morning found the left testis swollen and very painful. He was obliged to keep quiet for several days, when, the pain and swelling having in some measure subsided, he returned

to work. He has gone on better or worse from that time to this, much hardness remaining, and some pain, particularly after a day's work. Three years ago he had a gonorrhea, but at the time of the accident he had quite recovered from the effects of it. He states that he has always enjoyed good health, and his looks do not belie him.

The left testicle is nearly double its natural size, and pretty uniformly hard, except at the anterior and outer part, where it is somewhat softer, and where he has most distinctly the peculiar sensation of the testicle itself being touched. There is, on the whole, little pain on pressure, the most being at the inner side, just on one point more prominent than the rest. The shape of the enlarged testicle closely resembles that of the heart, the base of the triangle being above, and the apex below, but upon this upper part, or base, there is superimposed a distinct globular swelling, having a decided fluctuation, and apparently a collection of fluid in the upper portion of the tunica vaginalis. Thus the shape of the whole tumor in the scrotum is ovoid, but on close examination, it can be divided into two, the heart-shaped enlargement of the testicle below, and the cyst-like hydrocele above. No enlargement of the cord; no pain either in it or in the back.

11th.—Pil. hyd. grs. v. ter die.

18th.—Cal. grs. ij. Opii grs. M. ter die, loco pil. olim. præscript.

The mouth soon became a little but not much affected, and the size of the testicle decreased. On the 1st of May the upper part of the tumor was punctured, and about a table-spoonful of fluid was let out. The enlargement of the testicle went on decreasing, and on the 7th he was so well as to be made an out-patient.

MIDDLESEX HOSPITAL.

Case of Partial Paralysis of the Face.

DANIEL QUICK, æt. 70.—One of the young gentlemen attending the hospital, brought this old man to show him to Mr. Bell. He had observed him sweeping the streets: one of his eyes was staring wide open, and red: the cheek on the same side was loose and pendulous, and the mouth was dragged to one side. His attention being attracted by these appearances, he was

led to question the man as to the cause of them.

Twelve years ago his face was "all right;" "but," he said, pointing to a scar in the angle of the jaw, on the left side, "ever since he received a wound in this part, from being tossed by a bullock, his face has been in the same condition in which it now is. The horn of the animal had entered his neck just below the ear; he was lifted from the ground, and when he fell, the blood gushed out, according to his expression, "as when a sheep is stuck." A surgeon sewed up the wound, and "made a capital cure of it."

The left side of his face forms a remarkable contrast with the other. Upon the forehead the skin lies flat and smooth, there being no wrinkles as on the right side; and when he frowns, the left eye-brow moves only a little, by the action of the muscles on the right side dragging it towards them. The eye remains permanently open: there are none of the common winking motions: and when he is asked to close the eye forcibly, although he makes the attempt, there is not the slightest motion observed in the eye-lids. The lower eye-lid hangs down considerably, so that the conjunctiva is much exposed; and there is a fulness in its vessels, apparently consequent on repeated attacks of inflammation. This eye has been the source of great distress to him, especially during the summer season, owing to the dust and the brightness of the sun both injuring it. His wife, he said, has told him that he never closes this left eye, not even when he is asleep. In the repeated attempts which he made, although the eye-lids did not move, it was always observed that the cornea was tilted upwards, so as to be completely concealed behind the upper eye-lid. This is a motion of the eye-ball which Mr. Bell first described in his papers upon the nerves within the orbit; and he has on former occasions pointed it out to the pupils at this hospital. Being curious to discover the position of the eye during sleep, the reporter of this case went to the patient's house. His wife told him that what her husband said about his never closing the left eye was correct, and that it was open even while he was sound asleep. Being then asked in what direction he appeared to be looking while he was asleep, whether he fixed his eyes on

her; "no, sir," she said, "that cannot be, for there is only the white of his eye seen." Being further questioned, she said, that a small part only of the black of his eye could be perceived, at the margin of the eye-lid; but she was quite sure he could not see her.

The muscles of the cheek on the left side are wasted, and there appears to remain nothing but the thin integuments, which hang upon the side of the face, as if dead, without having any action in them, or wrinkles, as in the right cheek; and when he speaks this cheek is alternately puffed out and then collapsed, the air first distending it, as it were a bag, and then escaping at the angle of the mouth.

The left nostril lies flat, and is not at all distended while he draws a deep breath, or makes the motion of sniffing up.

His whole mouth is drawn to the right side, thus producing most remarkable distortion of the face. Whatever action there is in the mouth is altogether owing to the contraction of the muscles on the right side of it; the left angle hangs loose, and is quite passive; and the saliva is allowed to flow constantly out upon the lower lip on this side.

In regard to sensation, that is wanting only in the integuments over the cicatrix, and a little way above it, just before the ear. Otherwise, in all the parts of the head and face, it is quite perfect.

The further particulars of this case may be found by referring to the examination of the patient by Mr. Bell during his clinical lecture.

PARIS HOSPITALS.

Successful Extirpation of an Hydatid situated in the Pelvis, and preventing the Passage of the Urine and Fæces.

MRS. B., 38 years of age, of a lymphatic temperament, suffered, about 8 years ago, from an unusually long and difficult labour. The accoucheur found that this difficulty arose from a tumor in the pelvis, on the left side of the vagina, and did not conceal from the patient the obstacles that might render delivery in future even more difficult. This tumor increased slowly, but without occasioning any inconvenience for four or five years. Within the last three years, however, Mad. B. began to experience some inconvenience in going to stool

and passing her urine. These impediments continued to increase. At length the ischury became complete, and passing the fæces almost impossible. The husband of the patient had learned to draw off the patient's water, which he did four or five times a day. Such was the patient's condition when, in the middle of March, she presented herself at La Charité. Upon examination, a resisting tumor was discovered on the left side of the vagina, extending from the margin of the pelvis to the basis of the labium. It pushed the vagina towards the right side, and appeared to be immovable; but the parietes of the vagina readily glided over it. M. Roux thought that he perceived a fluctuation at one point; but it was so obscure that it did not at all clear up the diagnosis. It was thought necessary to attempt its extirpation; but its situation, and the vicinity of the hypogastric arteries and their principal ramifications, rendered any operation serious: the melancholy condition of the patient alone appeared to warrant the attempt. M. M. Boyer and Roux thought it practicable, though dangerous, and the last named gentleman performed it on the 20th March, without exactly knowing, when he commenced it, in what manner it was to be terminated. He had formed the project of exposing the tumor by means of an incision in the form of the letter T, one portion of which would divide the left side of the vagina longitudinally, and the other the labium lengthways. The two flaps of this incision might be dissected, and the tumor laid bare.

The patient being laid upon a table, the buttocks upon the edge, the lower limbs were supported by two assistants. The surgeon, standing in front, introduced the index finger of the left hand deep into the vagina; he then passed the blade of a straight bistoury along the finger, and turning the cutting edge towards the left side of the cavity, he made an incision from above downwards; immediately a diaphanous liquor flowed out, of a straw colour. The finger penetrated through this incision into a spacious cavity, to the sides of which membranous fragments appeared to be adhering. Some portions of these were removed with common dressing forceps, of a pearly white colour, and of a gelatinous consistence: these were evidently

the remnants of hydatids. A pair of polypus forceps was then introduced, and a large body of the same nature extracted. The extensive cavity thus resulting from the extirpation of the hydatid was filled with charpie, to which a string was attached.

The day of the operation, the patient did not experience the least pain, but the urine passed away involuntarily. Towards evening fever came on, and there was no sleep during the night.

On the 25th, although the urine still passed away involuntarily, and there had been no fæcal evacuations, the patient was in other respects better. Some of the lint was removed from the cavity, covered with pus; the rest, still adherent, was suffered to remain. The next day the bowels were open; there was no pain, and every thing was going on well. In the evening of the same day an abundant hæmorrhage ensued from the wound, in consequence of the pipe of an injecting syringe having been incautiously introduced into it; the bleeding was stopped by plugging up the wound, but not until syncope had taken place.

On the 31st, there was no longer any doubt of the patient's doing well—the suppuration was becoming less from day to day.

This operation gave occasion to M. Roux to make some remarks upon hydatids. He observed, that these cysts were frequently developed in the internal organs, but that, as they did not often become surgical diseases, they scarcely ever found a place even in the most complete surgical works; nevertheless, he had often met with cases in which the nature of the tumor had only been ascertained after the operation. He mentioned two other instances.

One day, he was called upon to give his assistance to a woman who had a tumor at the navel, which was universally thought to be a rupture. Ulceration had spontaneously taken place upon its surface, exposing a membranous sac, which was believed to be that of a hernia, but it was not reducible. The woman was suffering from some of the symptoms of strangulated hernia. M. Roux thought it necessary to make some incisions, for the purpose of relieving the supposed strangulation; but,

after having done so, he discovered that the tumor was merely an hydatid.

On another occasion, he was consulted by a female who was affected with a large tumor, of an irregular surface, in the left breast. This tumor had existed about seven years, and had increased by almost insensible degrees. There never had been any lancinating pains; the glands in the axilla were sound, but there was a sense of weight and of tension in the surrounding parts. M. Roux removed the breast, which he found to be entirely possessed by a series of hydatids.

Last year, a man was admitted into La Charité, who had, at the posterior part of the shoulder, a fluctuating tumor, which was believed to be a chronic incysted abscess. It was opened, and a transparent straw-coloured fluid escaped. Severe symptoms followed this slight operation, and the man died. On opening the body, an enormous hydatid was discovered, situated partly in the infra scapular fossa, and partly in the infra spinous fossa.

When M. Roux was surgeon to the Hospital Beaujon, nearly 18 years ago, a young girl was admitted into the physician's ward, on account of a large tumor which was felt deeply situated in the right hypochondrium, under the edges of the ribs. This tumor was evidently situated in the liver, but its nature was not clear. The girl was in excellent health, and it did not prevent her from taking exercise and pursuing her occupations. One day, in consequence of some exertion, she suddenly felt an acute pain; the tumor disappeared, but the lower part of the abdomen became tumefied, and fluctuation was very perceptible at that point. An incision was made at the lower part of the linea alba, which gave vent to a transparent straw-coloured fluid, in which a great number of hydatids were floating. The patient died soon afterwards. On opening the body, a great number of hydatids were found in the cavity of the abdomen, and in the liver there was an enormous cyst, which had been ruptured, and the effusion from which into the abdominal cavity had caused the patient's death.

PORTFOLIO.

ROGER BACON.

FROM the conquest till the time of Roger Bacon, the history of medicine in England is a blank. Marvellous as were the attainments of that extraordinary man, his medical writings only serve to shew the miserable state of that science*. Chemistry was his favourite pursuit, and like all the chemists of that and many succeeding ages, he hoped to effect the discovery of an elixir of life—an universal medicine which should render all others useless, and confer perpetual youth and vigor on its fortunate possessor.

Of the existence of an universal medicine, Roger Bacon was convinced; and among his directions for preparing remedies, he alludes to a tincture of gold of great virtue in prolonging life. This leads him to tell the story of an elderly countryman in Sicily, who having by accident drunk of the waters of a river tinged yellow (by gold as Bacon supposes), became young again, and lived many years strong and robust. He treats largely of the virtues of those bony concretions occasionally found in the hearts of deer: these, he says, being produced by a most vivacious animal, must contribute to longevity. In proof of the extreme age which some of these animals attain, he mentions that in his time a deer was taken having a golden ring round its neck, with this inscription:—"Hoc animal fuit positum in hoc nemore tempore Julii Cæsaris."—Viper's† flesh was a favourite remedy with Bacon. Above all things he recommended gentle purgatives and abstergents, which may carry off the pituitous humors. Chemistry owes much to Roger Bacon; but medicine little, if any thing.

JOHN ARDERN.

The next name worthy of note which occurs in the history of English medicine, is John Ardern, a surgeon, who first practised at Newark, and in consequence of his high reputation, towards the close of the 14th century came to London. He excelled in the cure of

fistula, and introduced an instrument *proclysteribus*, which he says brought him much fame and money.¹⁰ From what he says, we may infer that this remedy was unusual, if not unknown in this country before his time. He always bargained for his fee when he undertook a case, and recommends his brethren to secure an obligation for prompt payment at the end of their attendance. John Ardern is the earliest English surgeon whose works are extant: his treatise on *Fistula* was translated and published by John Read in 1588. But we must leave unnoticed those obscure writers whom the researches of the antiquarian have barely rescued from oblivion. Of the character and costume of the physicians of his time, some curious particulars may be collected from Chaucer. He introduces a doctor of physic among the company of pilgrims at the sign of the Taberde, and tells us, that

"In al the worlde was thar non hym lyk
To speke of physik and of surgerye;
For he was groundit in astronomy;
He kept his pacient a ful gret del
In hourys by his magyk naturel;
Wel couth he fortunen the ascendent
Of his ymagys for his pacient.

His study was but lytyl in the bible.
In sanguyn* and in perse† he clad was al
Lined with taffata and with sendel.

In another part of his works, Chaucer speaks of a physician who was clad in a scarlet gown, and furred well, as such a one ought to be†. In the vision of Pierce the ploughman, the physician is described with a furred hood and cloak of calibre, which was a costly kind of fur. Strutt tells us, that at a little later period, velvet caps, not unfrequently embroidered with silk and gold, were appropriated to the doctors of physic§. The scarlet gown and the velvet cap is still the university dress for the dignitaries of the medical profession. During the civil wars between the rival houses of York and Lancaster, no progress was made in any of the arts of peace, and at the close of the 15th century England was less civilized than the neighbouring continental states. We pass on therefore to that important æra in the history of the world usually termed the revival of letters. Italy was the garden where the young plants were reared, by which the rest of Europe was

* Freind thinks that most of the medical writings attributed to Roger Bacon are spurious.

† Galen states some cases of elephantiasis cured by this remedy; and Freind, in his history of physic, says, that he had cured many skin diseases and atrophies by this diet.

* Red. † Light blue. ‡ Testament of Cresseyde.
§ Strutt, Vol ii. p. 279.

to be supplied, and for more than a century nearly all the distinguished scholars of England completed their education in some of the Italian universities. Amongst the earliest and most accomplished of these we may place

THOMAS LINACRE,

The founder of the London College of Physicians, who completed his classical education under Politian and Demetrius Chalcondylus. At Rome he applied himself to the study of medicine and natural philosophy, and read Aristotle and Galen in the original. On his return to England, he took the degree of doctor of physic, at Oxford, where he read lectures on medicine, and first taught the Greek language in that university. He translated several parts of Galen into Latin*. Henry VII. entrusted to his care the health and education of Prince Arthur, and he was successively physician to Henry VIII., Edward VI., and Mary. Linacre instituted two lectureships of physic at Oxford, and one at Cambridge. The foundation of the Royal College of Physicians had a very important influence on the medical profession. By giving certain privileges to men educated in a manner to fit them for any station in life, and ascertaining their proficiency in physic by competent examiners, some security was afforded to the public against ignorant pretenders, and at the same time the respectability of the profession was secured. The estimation in which medical men are held in this country, is mainly owing to the institution of the College of Physicians; and without offence we may say that England is the only country in which the physician is always presumed to be a gentleman. The reason is obvious: to fit him for the highest rank in his profession, an education is required precisely similar to that of the dignitaries in the law and the church. This education is, indeed, tedious and costly; but the reward of medical science in this country bears a fair relation to the expense of its attainment in the small proportion of those who succeed. Where medical knowledge can be acquired at a cheap rate, the physicians are paid in proportion; and where five-shilling fees

are usually given, the prescriber and the druggist hold nearly the same rank in society. That the public is deeply interested in the moral as well as the scientific character of the physician, cannot be doubted. From the time of Linacre (whom Erasmus calls “*vir non exacti tantum sed severi judicii,*”) to the present day, the College of Physicians has generally contained among its members some distinguished scholars. It must, however, be admitted that the practical part of medicine did not immediately profit so much as might have been expected from the improved education of its professors. The study of Plato and of Aristotle, of Galen and Hippocrates, superseded that of the Arabian physicians, and the change was beneficial—but, unfortunately, a skill in verbal criticism, and grammatical niceties, were more valued than even a knowledge of the sense and spirit of these authors. A blind reverence for the works of the ancients sprung up, which, as Lord Bacon well remarked, was unfavourable to original observation. Although many individuals might be mentioned, who were eminent in different branches of literature, and who adorned their profession by their various accomplishments, yet there are none, between the time of Linacre and Harvey, whose great or signal discoveries materially advanced the science of medicine.

CAIUS.

Caius, the immediate successor of Linacre, ought, however, to be noticed. His description of the sweating sickness is an original work. This formidable disease he called, not inaptly, *Ephemora Britannica*. It seems to have been a contagious fever, which ran its course within 24 hours. Generally it began with a sense of heat in some particular limb, succeeded by extreme internal heat, unquenchable thirst, and most profuse sweating. Anxiety, restlessness, sickness, violent head-ache and delirium, attended its progress; and frequently within a few hours from the first attack the patient was carried off. If he survived 24 hours, he was safe. The numbers killed by it were enormous. In the town of Shrewsbury, 960 died in a few days. But we must hasten on, omitting all mention of the *medici minores*, to the discoverer of the circulation—the Newton of physiology.

* The two *finest* books in the British Museum are two copies of Linacre's translation of Galen, printed at Paris; the one dedicated (in his own hand-writing) to Wolsey, the other to Henry VIII.

REX v. DAVIS & BLUNDELL.

Court of King's Bench, Saturday, May 17.

Mr. Serjeant Jones called for the judgment of the Court on the defendants.

Mr. Brougham suggested to his learned friend, whether this was not a case in which it was best not to call for the judgment of the Court.

Mr. Serjeant Jones said he had no discretion on the subject.

Mr. Justice Littledale then read the notes of the trial, which took place before Mr. Baron Hullock, at the Lancaster Assizes. The indictment was against the defendants and three others (who were acquitted), for a conspiracy indecently to disinter a dead body from the church-yard of Warrington; and there were counts, also, for having in their possession the dead body of Jane Burt, for the purpose of illegal and indecent dissection. The indictment failed as to the conspiracy, but the two defendants were found guilty of having the body in their possession, knowing that it had been indecently disinterred, for the purpose of illegal and indecent dissection.

Davis, who was 20 years of age, and an apprentice to a medical gentleman, put in an affidavit, from which it appeared that he had nothing to do with the disinterment, and had merely contracted with a stranger for a subject for dissection, with a view to instruction in his profession.

Blundell, who is only 17 years of age, was apprentice to a stationer at Warrington, and had only, at the request of a medical friend, assisted in carrying the body from an out-house, where it had been deposited, to the house of Dr. Moss, a physician.

Several affidavits were put in, giving the defendants a good character.

Mr. Brougham addressed the Court in favour of the defendant Davis. All the defendants had been acquitted of the conspiracy; and the two defendants now brought here were only found guilty of having a body in their possession, for the purpose of dissection. This was an offence, therefore, of which every anatomist might be convicted. The charge of the learned Judge to the Jury was, that it was punishable by law for any one to have in his possession a dead body for the purpose of indecent dissection.

Lord Tenterden.—Do you mean to move for a new trial?

Mr. Brougham.—No. He did not mean to question the learned Judge's law; what he meant was, that this was only an offence of which every anatomist must be guilty, and he urged that only in mitigation. The law of England, as the learned Judge informed the Jury, allowed of no dissections, ex-

cept as to the bodies of felons who had been hanged for murder, *non constat*—but the bodies might be imported from Ireland, from whence a great many were imported, or from foreign countries.

Lord Tenterden.—This was only the ground of a motion for a new trial, but the defendants themselves admitted the fact.

Mr. Brougham.—There was a strong prejudice and a clamour among the people on this subject; and the science of anatomy might be run down entirely if their Lordships were to inflict any severe measure of punishment. It was true that matters of this kind ought to be conducted with precaution, so as not to distress the feelings of the living. A delicacy of this kind might be useful, and even a superstitious feeling with respect to the dead might be wholesome, with a view to the preservation of life. But what he meant was, that it was rather hard that the young man Davis should have been singled out in this way from the whole body of anatomists, and his offence was of the simplest nature in its kind; and he trusted, therefore, that a very small measure of punishment would be thought sufficient. The prosecutor, it appeared, had been willing to compromise the matter for money, and, therefore, there was no great respect to be paid to his feelings. But these young men were very poor, and could not afford to pay much money for a compromise; nor could they pay any heavy fine that might be imposed by the Court. The prosecutor, on the other hand, had been assisted by the Baptists (to which sect he belonged), who had raised a subscription to enable him to carry on the prosecution.

Mr. Courtenay, for the defendant Blundell, called the attention of the Court to the circumstance that he was a lad of only 17 years of age, and was at present labouring under a state of great debility. He was in the humble station of apprentice to a stationer, and could not pay a fine; nor could his father, who was a poor man with five children, pay one for him. As for the feelings of the prosecutor, as it was pretty clear that he would willingly have compromised the matter for money, there was no great deference to be paid to them. Besides, Blundell had only assisted in conveying the body from an out-house to the house of the physician, at the request of a friend, without seeming to know that he was committing any offence.

Mr. Serjeant Jones, for the prosecution, said, that if free liberty for disinterring bodies for dissection were wanted, they must apply to Parliament. It was not the law yet, and he hoped it never would be the law, that such things should be practised openly, and without precaution or obstruction. Something had been said about the prosecutor having been ready to compromise the mat-

ter for money; but he saw nothing in proof to warrant that conclusion. He had done nothing with that view, whatever his wife might have done. He hoped their Lordships would consider the feelings of the father, when he found the body of his child disinterred in this indecent manner, and likewise the feelings of all parents and relations; and he trusted that their Lordships would not, by inflicting only a nominal punishment, afford a triumph to those who were employed in this indecent occupation.

Mr. Justice Bayley.—John Davis and Wm. Blundell; you have been convicted of the offence of having in your possession a dead body, with a view to indecent and unlawful dissection, knowing the same to have been indecently disinterred. You are both very young, and have borne generally a very good character; but there is no doubt but that this is a very serious offence of which you have been found guilty, and it is one which is calculated, in a very high degree, to distress the feelings of the relatives and friends of any departed persons whose bodies are thus indecently disinterred, and indecently and unlawfully dissected. The Court must take great care lest it should do any thing from which it might be inferred that they considered this as a slight offence; but the Court does look at the circumstances of this case. You, Davis, it appears, were led into temptation by a stranger, who offered you a subject for dissection at a stated price, and though it was a great offence in you to make any such contract, you were led into it by a man more criminal than yourself. The case of Blundell stands on rather a different footing, as he was not in any way concerned in the matter till after the disinterment, when he thoughtlessly lent his assistance to a friend in the manner that has been stated. Blundell, too, it appears, is in a very bad state of health. We have considered all these circumstances in your favour, and we hope that the mildness of the sentence will not have the effect of giving encouragement to offences of this description. The sentence of the Court on you, Davis, is, that you pay a fine of 20*l.* to the King; and on you, Blundell, that you pay a fine of 5*l.* to the King, and that you be both imprisoned till these fines are paid.

[The money was immediately paid, and the parties discharged.]

PROCEEDINGS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

May 19.

DR. HASLAM, PRESIDENT, IN THE CHAIR.

THE discussion of this evening commenced by some observations made by Mr. Kingdon

on the use of antimonial medicines, and especially of the tartrate of antimony. Mr. K. spoke of the employment of this remedy in inflammation of the erysipelatous kind; and a conversation then ensued on the *methodus medendi* in cases of that description, in which Dr. Walshman, Mr. Callaway, and other gentlemen, joined.

Mr. Lambert, after remarking that almost all the diseases of the testicle had been classed under the term *sarcocele*, entered into the consideration of the diseases of that organ; describing particularly three morbid changes affecting it, not characterized by malignancy; viz. simple chronic enlargement, scrofulous enlargement, and the superficial fungoid disease, produced by an abscess having formed in the body of the testis. Mr. L. animadverted upon the treatment of each form of disease, and then informed the society that he had made some experiments upon dogs, with a view to the question, whether a division of the *vas deferens* would be followed by an absorption of the testicle. He had, by these experiments, satisfied himself that such an effect would ensue from the operation upon dogs. He offered for the consideration of the society, the question, how far such an operation would supersede the necessity of the removal of the testicle, in cases in which the condition of that organ required its excision. Mr. L. added that such an operation performed on the horse, might be a desirable succedaneum to the mode of castration usually adopted; which was an operation not unattended with danger to the animal.

Mr. Holmes exhibited to the society a pair of midwifery forceps, a pair of craniotomy forceps, an instrument for perforating the foetal cranium, and another for rupturing the membranes, in the operation for the induction of premature labour; all of them invented by himself, differing from the instruments in common use, and better adapted, in his (Mr. H.'s) opinion, for the various operations in which they were called for.

HUNTERIAN SOCIETY.

May 14.

SIR WM. BLIZARD, HON. MEMBER IN THE CHAIR.

THE principal subject under the consideration of the society during the evening was the extraordinary facility with which some persons become severely salivated under the use of mercury. The conversation was introduced by Mr. Cooke's narration of a case in which a gentleman, in tolerably good health, except slight functional derangement of the liver, took three five-grain doses of blue pill on successive nights. Violent ptialism ensued, attended with delirium and other evidences of high excitement. Notwithstanding the utmost efforts of his medical atten-

dants, the prostration of the vital powers consequent on this excitement terminated in death. The gentlemen who attended the case examined the body, but did not detect any morbid appearances.

Dr. F. Ramsbotham adverted to a fatal instance of ptialism from a single two-grain dose of calomel. In this case, however, the progression was slow, and death did not ensue till the jaw had exfoliated. The subject of this case, and that of a person salivated by one or two small doses of blue pill, whose case was related by Mr. Cooke, had cautioned the medical attendants against the employment of mercury, knowing that the idiosyncrasy of being powerfully affected by the most minute doses, existed. This opinion was attributed to prejudice, and these effects ensued from neglecting the salutary caution which have been described.

Sir W. Blizard adduced examples of extraordinary facility, and of unusual difficulty of being salivated; and Mr. Macmurdo reported a case which showed that the same individual may at one time be much more easily mercurialized than at another; or that one form of mercury may much more readily salivate than others. The patient had taken a large quantity of mercury without its producing any specific effect, and a year afterwards was salivated in a few days by only using the oxymuriate lotion.

The remainder of the evening was occupied by a discussion on the neuralgia attendant on cancer, and on the use of iodine in bronchocele.

MEDICO-CHIRURGICAL SOCIETY.

Tuesday, May 20.

MR. TRAVERS IN THE CHAIR.

A PAPER, by Mr. Broughton, on bubo, was read to the Society. It contained a general view of the subject, and was, therefore, unfit for analysis here.

AN APOTHECARY'S BILL.

[From a Correspondent.]

"THE length of an apothecary's bill" has always been proverbial, and the following specimen will serve to prove that, whatever may be the case at present, there was a time when the imputation was not altogether undeserved. It is, at least, no creation of fancy, and is to be found in "A short Answer to a late Book, entitled Tentamen Medicinale," London, 1705—one of the controversial pamphlets arising out of the dispute at the commencement of the last century between the Physicians and Apothe-

caries, now remembered only by the "Dispensary" of Garth.

Mr. Parret the apothecary's bill, sent in to Mr. A. Dalby, who was a mercer on Ludgate Hill.

AUGUST 12.	s.	d.
Another emulsion	4	6
Another mucilage	3	4
Jelly of hartshorn	4	0
Plaisters to dress the blisters again...	1	0
An emollient clyster.....	2	6
An ivory-pipe armed	1	0
A cordial bolus	2	6
The same again... ..	2	6
A cordial draught.....	2	4
The same again.....	2	4
Another bolus	2	6
Another draught	2	4
A glass of cordial spirits	3	6
Blistering plaisters to the arms	5	0
The same to the wrists.....	5	0
Two boluses again	4	8
Two draughts again	5	0
Two boluses again... ..	4	8
Another emulsion.....	4	6
Another pearl julap	4	6

In five days the number of prescriptions amounted to 107, and the bill to nearly 17l.

LITERARY ANNOUNCEMENT.

Shortly will be published, "An Introduction to the Comparative Anatomy of the British Vertebrated Animals," with plates. By J. F. South, Lecturer on Human and Comparative Anatomy, St. Thomas's Hospital.

NOTICES.

Communications have been received from "Dr. Gregory,"—"Mr. Ashburner,"—"Mr. Dewhurst,"—"Dr. Ryane,"—"Mr. Skegg."

"Dr. R." will find his answer in the present Number.

We have but just received "Mr. D.'s" note, and cannot at the moment answer it.

A correspondent requests us to caution our brethren against the following ingenious method of swindling:—A respectable-looking person called upon him for the ostensible purpose of consulting him, and on rising to take leave, tendered a 10l. bank note, regretting that he was obliged to request to have it changed. He was told that he could pay his fee when he called again. He did not return, and our correspondent believes (and we have no doubt he is right) that the note was forged.

ERRATA.

In our last Number, page 737, line 14 from top, for "sickness," read "tightness."

Page 734, for "Dr. Yats," read "Dr. Yeats."

THE LONDON MEDICAL GAZETTE,

BEING A
WEEKLY JOURNAL

OF
Medicine and the Collateral Sciences.

No. 26.] SATURDAY, MAY 31, 1827. [Vol. I.

ABSTRACT OF A CLINICAL LECTURE,

Delivered at Middlesex Hospital,

By HERBERT MAYO, Esq. F.R.S.

OPERATIONS ON THE UTERINE PAS- SAGES.

MR. MAYO adverted to a case of polypus of the uterus, which had been admitted into the hospital a few months back. The patient was a young and healthy woman, though reduced in strength by frequent hæmorrhage. The polypus was as large as a middling-sized orange, and adhered, by a long and narrow pedicle, to the fundus of the uterus. A ligature was placed round it, at an inch from its attachment, by means of a double silver canula, which was left in the vagina. The tumor came away about the eleventh day; after which the patient's strength sunk rapidly and unaccountably. There was no tension or tenderness of the belly; the tongue was moist, the pulse low; there was slight delirium; and the patient died. At the fundus of the uterus a deep sloughy ulcer was found, where the pedicle of the polypus had separated.

Mr. Mayo observed, that two methods have been employed in the removal of polypi—excision with cutting instruments, and the ligature; and that sometimes, when drawn down preparatory to an operation, the polypus, when of slight consistence, has been unintentionally torn away without detriment; or the pedicle cut through at once by the direct pressure of the ligature. A third method, which combines the two former, may be better than either. If the polypus is noosed, and then cut off at some little distance below the ligature,

the evils of both methods are avoided: there is neither risk of that hæmorrhage which has been known occasionally to attend simple excision, nor of irritation being produced from an offensive and decomposing mass, contained in the vagina and cervix uteri.

Mr. Mayo then alluded to operations performed in the vagina. He mentioned a case of stricture of the vagina which occurred a few years ago, in an in-patient of the hospital. The contraction was yielding to dilatation with metallic bougies, when peritoneal inflammation came on, and the patient died. Dilatation of strictures, either of the rectum or vagina, must be performed with great gentleness; or, in a certain number of instances, fatal peritonitis is produced. The vagina is liable to be completely obstructed (independently of the case of imperforate hymen), either through congenital malformation, or from inflammatory adhesion. In the first case the vagina is commonly perfect at either extremity, the sides having coalesced for an inch or two inches at the middle of the canal. The menstrual secretion accumulates above, distending the uterus and upper part of the vagina. In a case of this description, which Mr. Mayo saw before the operation, relief was attempted by the usual method of introducing a flat curved trochar. Through this instrument the accumulated secretion was drawn off: the patient, however, died in a few days; and it was found that, owing to the displacement of parts by the enlarged uterus and ovaries, the trochar, though introduced in the proper direction, had gone out of the vagina, and entered the uterus at its side. A case of the second description occur-

red in a patient who now occasionally presents herself at Middlesex Hospital as an out-patient. She had had several children, when, after a miscarriage at the seventh month, violent inflammation followed; upon recovering from which the patient found the vagina sensibly constricted. Attempts were made to relieve this; one of which consisted in dividing the stricture in several directions. The inflammation which ensued completely obliterated the vagina. Mr. Mayo first saw this patient five years afterwards, when the canal was found on examination closed to the external orifice, the patient suffering severely, at each recurrence of the period, from suppressed menstruation. Mr. Mayo performed the following operation for her relief. A male sound being held in the bladder by an assistant, and the forefinger of the left hand introduced into the rectum as guides, a transverse incision was made between the extended labia; the passage was then gradually restored, or a new one made, by many cautious incisions with a lancet-shaped scalpel. In this way the *os tincæ* was supposed to be reached. The artificial passage was prevented from closing by an ivory pessary: when, however, the suppuration had subsided, and the passage had become covered by a secreting membranous surface, the *os tincæ* seemed not to have been exposed, but was felt through some remaining intervening substance. This was divided by another operation, similar to the first.

Mr. Mayo observed that this case had not been successful in one respect; for the uterine passage had not even at last been rendered completely free. The cavity of the uterus itself, he supposed, had become partially obliterated. At all events, no passage could be found in the cervix uteri, and the uterus itself contained no fluid. The patient, however, had been much relieved with regard to the symptoms from which she had previously suffered, and which had consisted in violent pain of the head, epileptic fits, and numbness of one side of the body, occurring every three weeks, which was the period the catamenial secretion had observed in this patient during health. The operation performed in the manner described is free from the danger attending the blind thrust of a trochar.

With reference to the division of

strictures, Mr. Mayo cited a case of stricture of the rectum, attended with considerable thickening, in which the stricture and induration had disappeared, in the course of a very few days, by this treatment*. The operation consisted in freely dividing the stricture with a probe-pointed knife, turned towards the sacrum. Very little bleeding followed. A bougie was left in the bowel, and withdrawn only for the passage of the feces.

EXPERIMENTAL PHYSIOLOGY.

BY M. MAGENDIE.

Abstract of Lecture Fifteenth, and last.

ON GENERATION.

THE fourteenth lecture having for its object the sensibility of the different pairs of nerves, contains scarcely more than a repetition of the second; we proceed, therefore, to the fifteenth.

There are two points especially obscure in the history of generation. These are the functions of the ovary in fecundation, and the connexion between the circulation of the mother and the foetus. It is much to be wished that some one would undertake a detailed enquiry into the first of these questions, especially with reference to the larger quadrupeds, such as the cow, the mare, &c. where the vesicles of the ovaria are as large as pigeons' eggs. These vesicles, which in the woman, bitch, &c. are not larger than the head of a pin, are filled with a fluid of an albuminous nature, demonstrated by the action of boiling water, acids, and alcohol: they are covered by a serous and fibrous membrane, which forms, as it were, the capsule of the ovaries. No one, as far as is known, has yet seen any thing animated, or resembling an embryo, in these vesicles, as long as they are in their natural state, and have not been swollen by fecundation. M. Magendie, from some very exact observations, is induced to believe that the number of young ones depends upon the number of these vesicles which become swollen after conception. After swelling to about twice their original size, each vesicle is surrounded, at the end of three or four days, with a cellular tissue, in the in-

* The patient has but recently left the hospital.

terstices of which a yellow semi-liquid lactiform substance is effused (*corpus luteum*); that on the fifth day of conception, in the bitch, these vesicles are distinctly seen about the size of a small nut, attached to the ovaries by a narrow pedicle, instead of being enveloped by the yellow body throughout the greater part of their circumference, as they formerly had been; in fact, that they are ready to be separated from the ovary. The yellow lactiform matter, concerning the use of which nothing is known precisely, probably serves for the nutrition of the germ during the first days, since this matter is no longer found on the surface of the ovary after the ovum is received into the Fallopian tube, and a mere yellow point, more or less dry, exists only in its place, the liquid matter being soon reabsorbed. M. Magendie exhibited the uterus and ovaries of a bitch, which had been employed in one of his former experiments. Conception had but lately taken place: in one of the ovaries two swollen vesicles were found—in the other, there were three; those which were not fecundated were indicated by mere points.

What are the circumstances that occur at the moment that the ovum abandons the excavation of the yellow substance to enter the Fallopian tube? There are two opinions on this subject. By one party it is believed that the vesicle bursts, to give issue to the newly-formed being, which, under the appearance of a point scarcely perceptible, enters into the Fallopian tube. Others believe that the whole vesicle enters. Although the advocates of the first opinion object to the size of the whole vesicle, as compared with that of the tube, it must be admitted that the latter is the more probable of the two; first, because the egg in birds and reptiles passes directly and entire into the oviduct, which is analogous to the Fallopian tube; and, secondly, because M. Magendie is satisfied that once or twice in the bitch he has met with a swollen vesicle holding still by the ovarium, and another in every respect similar already advanced in the passage of the tube. In the quadruped there is no *membrana caduca* in the uterus; but, according to M. Velpeau, it appears to exist in the human female, and to be formed at the moment of conception.

In what manner does the union of

the sexes produce fecundation? We know that in fish and reptiles the immediate contact of the sperm to the eggs is absolutely necessary; but it is probable that, in the mammalia, this fluid does not reach the ovaries, and that its vapour alone is capable of fecundating the ova. It is certain that MM. Prevost and Dumas never were able to discover spermatic animalcula in the Fallopian tubes; it appears, even, that the semen never passes beyond the lower part of the uterine cavity.

M. Magendie looks upon it as a positive fact that there is no direct vascular communication existing between the mother and foetus. There are no vessels in the human foetus that pass from the uterus to the placenta: they exist in animals, but they terminate by cells, where an injection spreads itself, without proceeding farther. Upon this question M. Magendie made two experiments, which he declared to be novel, and which appeared to demonstrate the reciprocal independence of the maternal and foetal circulation. Both were made upon a bitch, whose state of impregnation was but little advanced.

Experiment First.—A longitudinal incision made on the right side of the neck, exposed the jugular vein. By this vessel, which was tied above, a solution of prussiate of potass was carefully injected; a ligature was then applied below the opening by which the injection had been made. A longitudinal incision was next made in the course of the *linea alba*, down to the hypogastrium; the abdomen being opened, the uterus protruded from the wound with a portion of the intestines. The uterus exhibited seven or eight oval-shaped enlargements, corresponding to the number of young ones: an incision made upon the convex edge of one of these tumors penetrated into the cavity of the amnios; this fluid escaped; the ovum was opened freely; the umbilical cord cut; and the embryo was received into a vessel full of water; it was about fifteen days old; its paws were just begun to be formed; the placenta adhered very firmly to the substance of the uterus. During this operation, and consequent examination, a quarter of an hour had elapsed from the injection of the prussiate of potass into the jugular vein. Then the liquor amnii, and one of the remaining ova, were received

into a vessel, and a few drops of muriate of iron were dropped into it; it did not change colour: the mother continued very lively: her urine, however, was not examined to demonstrate the presence of prussiate of potass, but this precaution was considered unnecessary after the constant and positive results obtained in similar cases. Now follows the inverse experiment, which is, if possible, still more conclusive.

Experiment Second.—A puncture was made upon the convex edge of one of the remaining foetal tumors; the canula of a syringe was introduced through this puncture into the cavity of the amnios. The syringe had previously been filled with a certain quantity of concentrated prussic acid; this was pushed into the cavity of the amnios with great precaution, so as not to run over upon the mother: the syringe was also maintained in its situation to prevent the liquor amnii from escaping. Three minutes after the operation the bitch did not exhibit any symptoms of the poison. M. Magendie observed that the surface of the amnios, exposed to the poison, was very small, and therefore its effects should necessarily be slow in coming on; nevertheless, the length of time was so great as evidently to shew that there was another cause operating besides the one above named. In order to assure himself that the prussic acid had really penetrated into the cavity of the amnios, M. Magendie removed the syringe, receiving the liquor amnii cautiously into a vessel; this fluid presented a strong odour of the acid, and was acted upon powerfully by the salts of iron. Not content with this proof, the professor repeated the experiment upon another foetal tumor, injecting a still larger quantity of prussic acid. At the termination of five minutes the breath of the animal still remained free from the odour of the acid; she exhibited none of the usual effects of the poison; she merely made some efforts to vomit, arising from the exposure of the intestines to the atmospheric air. After six or seven minutes more, a few drops only of the acid were dropped into the animal's throat; she died in less than a minute, after displaying that peculiar kind of respiration, and that distention of the thorax, which are the characteristic effects of the prussic acid. Upon one of the ovaries there was found a vesicle, about the size of a small nut,

although conception had certainly taken place about a fortnight before; however, it is possible that this might have been an hydatid, for indeed the yellow body was not very distinctly marked.

VACCINATION.

NO. IV.

To the Editor of the London Medical Gazette.

SIR,

THE object of my last communication was to shew, first, the incorrectness of that theory which would attribute the failures of vaccination to deterioration of the virus by successive inoculations; and secondly, the futility of that advice which would send us back to the cow for fresh sources of lymph, on the occurrence of any fresh sources of alarm. By a singular coincidence, the same Number of your Journal contained (page 673) a brief notice of some recent experiments in Egypt, tending to shew, first, that the cow was susceptible of the small-pox; secondly, that this animal converted the small-pox into the cow-pox; thirdly, that this converted disease was communicable to man; and fourthly, that from man it might be propagated without degenerating into small-pox. You remarked, with great justness, that these facts, if true, would prove of the utmost importance. They would set at rest that long disputed and curious question—whether the cow-pox is, or is not, a modification of variola. They would go far to determine the identity of the cow-pox, and the grease of horses; but above all, they would ensure to us, at all times, the means of combating the small-pox, since that baneful contagion might be made, on any emergency, to furnish its own antidote.

The respectability of the source whence this information was derived, precluded all doubt as to its authenticity; though I could not but consider it as singular, that facts of this importance should have been first made out by medical gentlemen in Egypt; and that, being so important, they should have first found their way to this country by the very circuitous route of India. The idea, however, once started, it became very desirable to set the matter at

rest, more especially as several circumstances were omitted in the statement communicated to Dr. M'Michael,—viz. first, whether the cow, in converting the small-pox into cow-pox, underwent any constitutional indisposition; secondly, whether the same animal was susceptible of the disease more than once; thirdly, whether the local appearances in the cow resembled those described by Jenner, as appertaining to his cow-pox; and lastly, where, when, and how, the inoculation of the animal might be most successfully performed.

To determine these curious points, Dr. Naylor and Mr. Mayo made the experiment upon an Alderney cow at Paddington; while Mr. Sewell, of the Veterinary College, anticipating very ingeniously an objection, that possibly this cow might have already passed through the cow-pox, and been thereby rendered unsusceptible, made (with the assistance of Mr. W. Wheeler) a similar experiment upon a fine calf, at the Small-Pox Hospital. Mr. Sewell, anxious that no means should be left untried of improving our knowledge of the connexion of human and epizootic maladies, took the same opportunity of inoculating, with fluid small-pox matter, two lambs, and some rabbits. In none of these instances did the inoculation take effect. Conceiving that possibly this disappointment might have arisen from accidental circumstances, and understanding from Dr. Paterson (late of Ayr) that he had succeeded, in various instances, in communicating the small-pox to a cow, while in milk, Mr. Coleman, zealous in the same cause, has since inoculated another cow and an ass, with variolous matter furnished by me. Mr. Alcock assisted at this experiment. Speculating upon the possible causes of the former failures, I was led to suspect that they might depend upon the animal's constitution being unsusceptible of a truly human poison. To determine, if possible, this point, I vaccinated, on Friday last (in presence of Mr. W. Wheeler), the calf (the subject of the prior experiment), with lymph, descended in an uninterrupted stream from that which was originally supplied to us from the cows of Mr. Harrison's dairy in 1799. The results of the former experiment cannot yet be known; but I may add, that the vaccination has taken no effect upon the calf beyond that of a common irritant.

Whatever conclusions these experiments may lead to, with respect to the pathology and mutual relations of cow-pox and small-pox, one thing at least appears to be certain,—viz. that no reasonable hope can be entertained of procuring, by this means, a supply of vaccine matter in any district or country into which small-pox may have accidentally found entrance. Though I am far from thinking that these experiments have hitherto been carried to their farthest reasonable limit, yet enough has been done to shew that the communication of small-pox to the cow is both difficult and uncertain; and, therefore, that other means must be resorted to for keeping up the supply of vaccine lymph, and rendering it at all times available for the protection of the human race. The difficulty of effecting this has always been acknowledged; but few, except those who have turned their attention seriously to the subject, could imagine how very great that difficulty is. In the West India islands, and all other small societies, keeping up their own supply of recent lymph is impossible. No single practitioner in England, however extensive his practice, is capable of doing it. Even the public establishments in London, devoted to the task, find a difficulty in effecting it during the months of December and January, when parents, with a natural and praiseworthy caution, hesitate to expose their children to the keen blasts of a wintry air. It may be stated, without fear of contradiction, that such public establishments are indispensable to the preservation of vaccine lymph in this or any other country; and the question for consideration, therefore, resolves itself simply into this—How can such establishments be kept most effective?

In all (or almost all) the countries of Europe,—in India, in Ceylon, at the Cape of Good Hope,—and, I believe, in most of our other large colonies,—the supply of vaccine lymph to the public is taken under the protection of government; and when we reflect how much the attention of individuals is subdivided, no one can doubt for a moment that a wise government will never submit a matter of so much consequence to the community to the chance of neglect, or delay. In London, the liberality of the public, and the philanthropic spirit of a few individuals, have opened

sources of vaccine lymph, independent of those which the government furnishes ; but still it cannot be questioned, that, to the National Vaccine Establishment, this country must mainly look, for its regular and permanent supplies of vaccine lymph.

Vaccination had been known and generally practised in England ten years before it was taken under the protection of government. It was not until 1808 that the National Vaccine Establishment was formed. Within a very short time afterwards, it was placed on the footing, and under the superintendence which it now enjoys. That it has been eminently serviceable in distributing vaccine lymph to all parts of the United Kingdom, and to many distant countries ; and that those connected with it have been most assiduous in their exertions to extend its usefulness, is most true. No one is more fully sensible than I am of its well-earned character ; and if I throw out a doubt how far, as at present constituted, it is calculated to meet the wants of the times, it is for this very reason,—because I have seen and watched its sphere of usefulness, and wish to see that sphere extended.

But a very few months have elapsed since my opinion was asked on the subject of a central or National Vaccine Establishment at Edinburgh ; and I then learned, for the first time, that the North of Scotland had no other *certain* means of supplying themselves, on an emergency, with vaccine lymph, than application to London. The ample and steady supplies which an enormous population, like that of Edinburgh and Leith, is so well calculated to afford, are, in a manner, lost for want of care. Nor can a private institution supply the deficiency. The free transmission of lymph by post, essential to its general utility, is a power vested in the National Vaccine Establishment alone. In reply to an offer which I made to the government in 1825, to supply country practitioners with vaccine lymph from the Small-Pox Hospital, I was informed that such a privilege could not be granted, without admitting a precedent which would be attended with great inconvenience.

A conviction of the necessity of vaccinating with recent lymph, if we desire to ensure the success of the operation, and of the importance of public esta-

blishments having the privilege of free transmission by post, for the due supply of such recent lymph, induces me to think that great advantages would arise if the plan of the national vaccine establishment were enlarged ; if *branch banks* were established for the greater facility of obtaining, and distributing lymph ; and if the whole were placed under the superintendence of a central committee in London. It is far from my wish to occupy your columns by a detail of the measures which such a plan would render necessary. I cannot, however, have daily before my eyes the advantages which the affluent population of London enjoy in the possession of public establishments for the diffusion of vaccine lymph, without desiring, as far as in me lies, to extend the same to the poorer classes in the country.

When I call to mind who are the individuals who at present guide the national vaccine establishment, I feel convinced that if such a measure as I now contemplate be really required, it will be carried into effect. I can of course know but little what facilities of obtaining effective lymph the population of the provinces enjoy, and I may perhaps have over-stated the case. In the event, however, of my suggestions being thought worthy of attention by those to whom the government entrusts the important task of superintending the public supplies of vaccine lymph, I venture to add the following hints.

The districts in which branch establishments are formed should be such as will afford not less than 500 vaccinations annually. They should be conducted by medical men, sufficiently paid to enable them to give up three of the best hours of the day to the purposes of vaccination. Their remuneration should come in part from the medical men in the vicinity, (who, in return, would have free access to the establishment) and in part from the government, who would claim, in return, the privilege of directing and overlooking their proceedings. For this purpose one or more persons should be charged with the duty of inspectors, and by them all matters of detail would be regulated.

On a careful consideration of the whole of this interesting subject, I have satisfied myself that no measure would go so far to meet the emergencies of the case as that which I have now suggested ; and I cannot for a moment believe

that the government of the country would grudge the additional expense which it would entail, or refuse to extend to the provinces that boon which the experience of twenty years has proved to be of incalculable value to the inhabitants of the metropolis.

I have the honour to be,

Sir,

Your very obedient humble servant,

GEORGE GREGORY.

8, Upper John Street, Golden Square,
May 26, 1828.

ON SOME OF THE

DISEASES OF THE STOMACH

Connected with Watery Secretions from that Organ.

BY EDWARD J. SEYMOUR, M.D.

THE word pyrosis has been applied, and is very generally used, to designate the secretion and discharge from the stomach of a transparent watery fluid without any taste; the action of the stomach by which it is evacuated being unattended, in the majority of cases, by any pain, which is, however, occasionally present.

The complaint is unaccompanied by fever.

The disease commonly yields to the employment of astringents and opiates, and, in very mild cases, astringents and alkaline, or antacid medicines, are usually successful: to these are added a regulated diet of animal food, and abstinence from the use of acids or ascendent vegetables.

This disease is more common in women than in men, and in my observation more frequent at the middle and latter periods of life than in youth.

The pyrosis which is said to be prevalent in Scotland and Ireland is believed to arise from the constant use of vegetable food: of such cases I have no experience, and I am not acquainted with any authentic observations on the pathology of the disease, as it occurs in those districts.

The following remarks apply to cases of secretion of watery fluid from the stomach, as they are presented to the observation of the physician in large towns, and among persons from whose manner of living it is manifest that the exclusive use of vegetables cannot be considered as a remote cause of the disease.

The first cases I shall relate are those in which this disease appears to arise from increased sensibility of the nerves supplying the secreting surface of the stomach. The best theories of secretion attribute to the nerves the principal part in the performance of this function, and the fact of the frequent occurrence of the disease in persons whose nervous system is unusually deranged generally, would lead us to this conjecture were such theories not in existence.

But in addition to describing such cases—viz. derangements of the functions of the stomach—it is the object of the following remarks to point out some organic diseases of the stomach itself, or of the neighbouring viscera, of which pyrosis is a leading symptom, that we may not in practice undervalue, when first presented to our notice, a symptom occasionally of serious and even fatal disease, because, in the majority of cases, it attends a morbid condition of the stomach of frequent occurrence and easy relief.

I proceed to speak of the secretion of watery fluid from the stomach, without disease of structure of the organ itself or of the neighbouring viscera.

One of the most ordinary forms of this disease is the secretion of watery fluid from the stomach in elderly people, who are easily disturbed or distressed by the operation of trivial causes: such cases must be in the knowledge of every practitioner, and I shall therefore only select one case from among several to exemplify its nature and treatment.

CASE I.—In the summer of the last year, a lady, æt. 63, who resides in the country, came to London for advice, being greatly annoyed by the frequent recurrence of pyrosis. These attacks occurred often spontaneously, but more frequently were the result of some sudden emotion. A sensation of “the gurgling of fluid” was first felt about the umbilicus, rising upwards, and this was immediately followed by the discharge from the stomach, without effort, of about a pint of clear tasteless fluid. Although the discharge was attended with no pain, yet a sensation of great relief was reported to follow its excretion. The bowels were regular; the tongue clean; no pain or tension were found to exist on pressing the epigastrium; no fulness or hardness were observed in either hypochondrium. The urine was

clear and of natural quantity and colour; the appetite good. There was no vomiting after taking food. It appeared to me to be a simple case of increased secretion from the stomach, owing to the increased sensibility of the nerves of that organ. I desired the patient to leave off the use of vegetables and malt liquor; to take after each meal a glass-full of lime water, and to substitute *weak* brandy-and-water with her dinner for wine.

To strengthen her general health she was ordered the use of the shower-bath, and to check the existing state of disease the following draught was ordered thrice daily for a week:—

R Confect. Aromat. ℥j.
Confect. Opiat. gr. xviii.
T. Rhæi, ʒij.
Aq. Menth. Pip. ʒ ix. M. Fiat Haust.

I had the satisfaction of hearing recently that the patient's health had not suffered from an attack of her complaint for several months past.

I have said that the watery secretion from the stomach is sometimes attended with pain; such cases often resist the means so serviceable in those to which I have just alluded, the stomach being altogether unable to change into nourishment the animal diet so useful in more recent or less severe instances.

The following will best elucidate my views on this subject:—

CASE II.—The servant of a lady of rank, æt. 29, applied to me in the spring of the year 1827, under the following circumstances:

She had acute pain at the pit of her stomach, often followed by the rising of tasteless fluid into her mouth, so suddenly as occasionally to pass through the nose. She was much emaciated; her pulse was weak; her tongue white, with a cream-like fur on it; her sight, she said, was dim; her appetite very indifferent; and on taking food she occasionally, but seldom, returned it by vomiting. The catamenia were less than usual in quantity, but observed the ordinary period: she slept tolerably well. Her complaint had lasted four months, during which time she had taken every species of medicine usually ordered for disordered stomach and bowels: mercury in full doses, and, as an alterative, bark, bitters, absorbents, opiates, the subnitrate of Bismuth, the Prussic acid, alkalies fixed and volatile,

and blisters; each in their turn had been applied without effect. It occurred to me that food entirely of one kind, and in small quantities, persevered in for a considerable time, and aided only by such remedies as would allay the increased sensibility of the nerves which supply the secreting surface of the stomach, were most likely to effect a cure. I ordered her the following medicine for the latter indication:

R Extr. Conii, gr. vi.
Aq. Cinnamom. ʒss.
Liquor. Calcis, ʒj.
Syrupi, ʒss.

M. Fiat Haustus, ter in die sumendus.

For the article of food I recommended abstinence from every thing except bread and milk, which was never to exceed in quantity at one time what might be contained in a breakfast cup.

The patient had the good sense and resolution to persevere in this regimen for more than a month, at the end of which time she was free from complaint.

She has experienced no relapse.

CASE III.—Mrs. W. æt. 43, the wife of a small tradesman in poor circumstances, was admitted into the Asylum for Recovery of Health, under my care, Jan. 11, 1827.

She complained of extreme debility, with constant eructations of wind from the stomach, and pain at the scrobiculus cordis. Tongue clean, no vomiting after food, but she is constantly bringing up from the stomach small quantities of clear, tasteless fluid. This fluid occasionally passes through her nose, from the rapidity with which it is discharged from the stomach. The pain is not increased after taking food.

There is great nervous distress, augmented by the least noise: she has some headache, but it is not constant; occasional urticaria. Appetite impaired; catamenia have been absent since July; slight leucorrhœa; bowels regular. She has been ill several weeks.

R Subnitr. Bismuth. ℥ss.
Magnes. Carbon. ℥ss.
M. Fiat pulvis, bis in die sumend.
R Sp. Ammon. Arom. ℥ xxv.
Mist. Camphoræ, ʒx.
M. Fiat Haust. p. o. n. sumend.

Applic. Emplast. Canthar. epigastrio.

These medicines were continued, with regulated animal diet, until the 24th, when the report is as follows:—

Great pain and uneasiness about the

scrobiculus cordis, with constant rising of fluid through the nose. Pulse 76, weak; tongue clean; bowels open.

She was ordered a pill of half a grain of calomel and six grains of extr. conii twice in the day, instead of the bismuth powder.

This plan was attended with no advantage, and on 1st Feb. I was determined to have recourse to the following medicine, and strict milk diet.

R Pulv. Rhæi, gr. v. fit. pulvis bis in die sumend. cum Haustu sequent.:

R Magnes. Æss.

Potassæ Carbon. ʒj.

Aq. Fontan. ʒ.

Sacchari, ʒj.

M. Fiat Haustus, cum coch. j. max. succi recentis Limonum sumend.

On March 5, the report is, by living only on milk, with the medicine last prescribed, she has gained flesh and strength, and is free from pain.

The strict regimen distressed the patient so excessively that I yielded to her entreaty to be permitted a slice of meat daily. Three days afterwards her symptoms returned, and it was not until after a perseverance in the exclusive use of milk diet for three weeks longer that she entirely recovered.

She left the Asylum on the 27th of March, free from ailment, having gained flesh very considerably.

I proceed to a most important part of the subject; viz. that watery secretion from the stomach is often a symptom, and sometimes the only symptom, of commencing organic disease of the stomach or adjacent viscera*.

CASE IV.†—In Nov. 1826, a gentleman, æt. 59, of sedentary habits, and much oppressed by the fatigue of business, but who had enjoyed good health for many years, consulted me for pyrosis; which he described as the occasional rising into his mouth of a tasteless fluid, without any pain or uneasiness whatever; and he never vomited his food. The whole quantity of tasteless fluid evacuated on these occasions might amount to an ounce and a half at each time, occurring sometimes twice in one day, but often not more than once in several days.

* I must by no means be understood to say, that organic diseases of the stomach, or adjacent viscera, do not occur without pyrosis; but that pyrosis is often a leading symptom of such diseases.

† As this case is detailed at length in another place, I merely state it shortly here, as an example of what I have assumed.

The patient's diet was regulated to small quantities of animal food, and he was ordered 20 minims of liquor. potassæ in lime-water thrice daily. The inconvenience, however, was so slight, that he does not appear to have complied with the prescription.

A few months afterwards a large tumor was observed in the left iliac region, which ultimately proved to be fungoid disease of the whole of the inferior half of the cavity of the stomach. No symptom except the pyrosis could call the attention of the physician to disease of this organ.

In Dr. Parry's Works, vol. ii., a case of ulceration of the stomach is related; the proper symptoms of which, at all times obscure, were preceded, for several months, by attacks of pyrosis.

There is also a case now under my own care, of confirmed organic disease of the stomach, where I was first led to examine the state of the abdomen, from the discharge of watery fluid from that organ.

Pyrosis occasionally arises where there is disorganization of neighbouring viscera, the stomach itself remaining healthy in structure.

CASE V.—A very remarkable case of this kind occurred recently at the Middlesex Hospital, under the care of Dr. Macmichael, to whose kindness I was indebted for the opportunity of seeing it. As the general statement of the case has already appeared in the Gazette, I shall only allude to it here in support of my position.

The case was that of Mary Perry, admitted Dec. 1827. There was a tumor in her abdomen, which occupied the whole of the epigastric, umbilical, and part of the hypogastric region, very tender to the touch. She vomited her food frequently; but, in the intervals of vomiting, she brought up, without effort, much transparent watery fluid, generally without taste, occasionally saltish. This amounted to three pints in the 24 hours; and had, in less quantity, been observed from the earliest stage of the disease.

On her death, the tumor appeared to be formed by the liver, greatly enlarged from the presence of those tubercles which have received from Dr. Farre the name of "Tubera diffusa," and have been classed by the French writers with other cancerous and malignant tumors, under the name of "Encephaloides."

The stomach was quite healthy in structure, but lay collapsed, its greatest breadth being not more than two inches, its greatest length about seven.

A case not very dissimilar to the foregoing occurred to my observation at Guy's Hospital, under the care of Dr. Richard Bright, in the autumn of 1823. Unfortunately the notes of this case are mislaid; but it was remarkable for the constant secretion of fluid from the stomach (here, however, it was acid). The vomiting which accompanied it; the rapid loss of strength, and pain, gave rise to the idea of cancer pylori being present. After death the stomach was found to be healthy, but subjected to great pressure from the liver and spleen, much enlarged by chronic inflammation.

Another condition in which the secretion of watery fluid from the stomach appears in conjunction with or symptomatic of disease in other parts, is where it precedes either the formation of renal calculi, or their passage from the kidney to the bladder. My limits will not allow me to detail cases of this kind: I must therefore refer to Dr. Parry's works, in which he describes his own frequent attacks of pyrosis, preceding, as they often did, very severe paroxysms of nephritic colic.

23, George-Street, Hanover-Square,
May 1828.

COMMENTS ON CORPULENCY.

BY WILLIAM WADD, ESQ., F.L.S.*

[Concluded from page 628.]

WHILE we congratulate ourselves on the diminution of mortality, which has accompanied the improvements in the condition of society,—our pleasure is alloyed by the reflection, that considerable deduction is to be made in our estimate, according to the mercantile phrase, of profit and loss, by the increase of a set of diseases, which are to be attributed to the augmentation of

national wealth, with its concomitants, luxury and high living.

Thus, instead of finding the annual bills of mortality announcing in the deadly list, plague, pestilence, and famine,—not forgetting small-pox,—we read gout, apoplexy, palsy, and even obesity, and a host of minor evils connected with repletion.

Among the grievous calamities incident to corpulency, noticed in a former publication, was its susceptibility of contagion and its proneness to combustion,—and an instance was mentioned of a French lady whose fat caught fire. The Margravine of Bareuth also notices a fat French princess who melted after she was embalmed. I have since discovered, in the Chronicles of Cromwell's time, that these combustible materials in man, were turned to good account in those days, and that a woman who kept a tallow chandler's shop in Dublin, made all her best candles from the fat of Englishmen, and when one of her customers complained of their not being so good as usual, she apologized by saying, "Why, ma'am, I am sorry to inform you, that, for this month past, I have been short of Englishmen."

In enumerating the little miseries of the corpulent, their exposure to ridicule should not be forgotten. Even the austerity of Queen Elizabeth could relax into a joke, on the fat Sir Nicholas Bacon, whom she was classically pleased to define as "*Vir præpinguis*," observing "*right merrilie*," "Sir Nicholas's soul lodged well." The good-humoured antiquary, Grose, was earnestly entreated by a butcher to say "he bought his meat of him!" "God bless you, sir," said the paviours to the enormous Cambridge professor, as he passed over their work. Christopher Smart, the translator of Horace, celebrated the three fat beadles of Oxford; and the fat physician, Dr. Stafford, was not allowed to rest in his grave without a witticism:—

"Take heed, O good trav'ler, and do not tread hard,
For here lies Dr. Stafford, in all this church-yard."

Our good King Edward IV. even made a practical joke with the Corporators of London; for when he invaded France, in 1475, he took care to be accompanied by some of the most corpulent Aldermen of London, "*Les bourgeois de Londres les plus chargés de ventre*," that the fatigues of war might the

* We find, by a note from Mr. Wadd, that we were under a mistake in supposing that he intended to send us the continuation of this paper. He informs us that he alluded to some other observations connected with the subject.

sooner incline them to call out for peace.

Many illustrious cases might have been found in France equal to the specimens Edward took with him, even among royal and noble persons—of which Charles the Fat, Louis le Gros, Sanctius Crassus, and “Corpus Poetarum,” the fat poetic Elector of Cologne, were notable instances.

In the court of Louis XV. there were two very fat noblemen, the Duke de L——, and the Duke de N——. They were both at the levee one day, when the king began to rally the former on his corpulency. “You take no exercise, I suppose,” said the king. “Pardon me, sire,” said de L——, “I walk twice a day round my cousin de N——.” About the same time the French Queen, in a haughty tone, demanded of a fat French wit, “Quand il accoucherait?” —“Quand j’aurais trouvé une sage femme,” was the ready reply, which stopped further interrogatories. Nor ought we to omit, among other minor *personal* disadvantages of these great personages, the expense of clothing; and the inconvenience that has been known to arise from the likeness of one fat man to another, which, during the search for Georges, in France, harassed all the fat people from one end of Gaul to the other.

Having hitherto treated the subject in “merry mood,” let us now look at it in a more serious way. Fat is, of all the humours or substances forming part of the human body, the most diffused; a certain proportion of it is indicative of health, and denotes being in good condition—nay, is even conducive to beauty; but when in excess—amounting to what may be termed OBESITY—it is not only in itself a disease, but may be the cause of many fatal effects, particularly in acute disorders. Many able medical writers of the last century attributed serious evils to the local, as well as the general derangements, that occasionally take place in fat. Many of these might be “whims of a day, and theories of an hour”—fancies dependent on the then physiological and pathological theories, but they speak very positively to certain facts.

Monsieur Lorry, a celebrated French physician, indulged in some curious speculations relative to acute diseases, arising from the admixture of bile, milk, or pus, with fat, in a fluid state.

Either of these uniting with the last, in certain conditions of the body, would produce a sort of “*tertium quid*,” in the shape of a soapy liquor, causing acute diseases in some, and chronic diseases in others; and persons have been supposed to die of consumption when, in fact, they were washed away to the other world by their own soap! Pus and fat mixing together in a gland, became, according to this doctrine, as active as gunpowder, and generally ended in a sort of critical explosion, in the shape of an abscess: the omentum, as might be supposed, was a frequent seat of these combustions. This is confirmed by a celebrated English accoucheur—no less a person than Dr. Leake, physician to the Westminster Lying-in Hospital, and celebrated throughout Europe for his *Pilula Salutaris*, who, in a book published 1775, describes a species of epidemic fever, that appeared among the pregnant patients, which he attributed to *suppuration of the omentum*. Nor is the mixture of milk and fat, according to these authorities, less terrific. Notwithstanding they both take their principal properties from the aliment, and ought to assimilate, they quarrel desperately when they come in contact, which occasionally arises from a metastasis of milk to the principal seats of fat, particularly the omentum and loins.

It is admitted that corpulent people, when in a state of health, secrete less bile than others; yet, from accidental causes, such as acute diseases, they engender a vast quantity, and it appears as if the liver assumed the power of manufacturing the fat into bile. This gives rise to green bile, black bile, bilious vomitings, and a thousand symptoms not to be enumerated; and the great Ruysch is even found indulging in some fanciful notions, which involve the Fallopian tubes in the consequences of some of these biliary vagaries.

The immediate action of bile upon fat is not perhaps capable of strict proof, though there are a variety of phenomena not easily accounted for on any other principle. Nothing reduces a corpulent person so rapidly as those sudden bilious evacuations that take place in hot weather. Who has not seen, in what is called the “plum season,” a combustion take place, commonly charged to the account of the innocent fruit, that, in the short space

of a few days, transforms a fat friend into a delicate dandy ! It is, in fact, a bilious, adiposical diarrhœa ; and those who have looked into the matter very closely, have detected fat with the bile, and some keen pursuers of animal chemistry have asserted that a fatty substance may be obtained from bile.

Some French physicians have thought that acids gave a character to fat ; and it has been questioned, whether the crude acid, found in the primæ viæ, in some cases of debility, and in the weakness of infancy, do not occasionally produce very active constitutional diseases.

Sir Anthony Carlisle, who has paid great attention to the effects of acids, and has given a scientific analysis of acid substances, says, " that acids not only act upon the stomach and its contents, but they likewise pervade the whole body." Many people are affected with pimples shortly after taking acids ; very many are affected with burning heat in the face, immediately after taking vinegar ; gouty pains, spasms, and itching over the whole body, are inevitable consequences of the taking acids, with a great portion of mankind. My own father was a singular example of the deleterious effects of acids ; and he found, from experience, so much relief from preparations of chalk, that he was never without a box of the Creta preparata in his pocket.

Alimentary acidities are also the causes of erysipelas, and many herpetic diseases ; and those who are subject to eruptions on the face experience a sensible aggravation immediately after taking acids.

External heat may be ranked among the causes that alter fat. Fat people are much incommoded by any sudden transition from cold to heat. In a very hot season, if a fat person undergoes violent exercise, it is possible for the fat, not only to become putrid, and produce petechial fever, but it may become in some parts rancid and soapy, particularly after a previous dry season—at least, so says Monsieur Lorry.

Aromatic substances are also supposed to give a character to fat. From the aptitude of fat to imbibe aromatic particles, it is natural for it to partake of the qualities of the aliment. Thus the odour from the fat of those who live solely on animal food is very foetid ; so

with birds, living entirely on fish. It is reported of the French prisoner, who eat many pounds of animal food in the course of the day, that it was scarcely possible to approach him. The odour of garlic remains with those who have eaten it, for many days.

Mr. Hunter says, " The essential oils of vegetables and animals, indigestible, are soluble either in gastric juice or chyle, by which means they become medicinal, from their stimulating powers. The essential oil of vegetables, but more particularly that of animals, would seem to pervade the very substance of those animals whose food contains much oil. Thus we find sea-birds, whose constant food is fish, taste very strongly of fish ; and those who live on that kind of food only during certain times of the year, as the wild duck, have that taste only at such seasons. This fact is so well known, that it was hardly necessary to put it to the test of an experiment ; yet I took two ducks, and fed one with barley, the other with sprats, for about a month, and killed both at the same time : when they were dressed, the one fed wholly on sprats was hardly eatable, it tasted so strongly of fish."—*Hunter's Observations on Digestion*, p. 177.

From the preceding detail, it would appear that the pathological examination of fat furnishes us much matter for reflection on the changes that may be produced in fat, in the living state, by the process of digestion, as also the probable causes of the transmutation of diseased appearances, and the sudden change that sometimes takes place in the character of acute diseases.

Leaving these discussions to the doctors for " Non nostrum inter vos tantas componere lites," we shall proceed to the object of our inquiry, viz. corpulency and its consequences.

RUPTURE OF THE SPINOUS ARTERY.

To the Editors of the London Medical Gazette.

SIR,

If you should deem the following case of sufficient importance to merit a place in the pages of the London Medical

Gazette, I shall feel obliged by its insertion.

Yours, most obediently,
ROBERT SKEGG.

Strand, May 1828.

Richard Chilmack, aged 54, of spare habit of body, who of late had been much addicted to the free use of spirituous liquors, was on the evening of the 25th of April knocked down by a horse and gig whilst attempting to cross the road. I saw him immediately after the accident: there was then complete abolition of sense and voluntary motion, both of which, however, he recovered in a few minutes, and was able to walk to his home (a distance of nearly a quarter of a mile) assisted by his fellow workmen.

The head being examined, there was found a contused wound of the scalp an inch in length, above and behind the left ear, in the situation of the lambdoid suture, from which there was but a slight hæmorrhage. No other mischief was then discovered.

A compress and bandage were applied, and strict injunctions were given him to abstain from spirits and malt liquors: he was also directed to take some aperient medicine in the morning.

At eleven o'clock in the evening (being three hours after the accident) I was hastily summoned by a messenger who reported the man to be dead, in consequence of hæmorrhage from the wound. Upon my arrival, I found him lying on the floor deprived of sensibility and voluntary motion. The pulse exceedingly slow and feeble; the pupil of the right eye so much contracted as scarcely to equal in size the head of a common pin, whilst the left was considerably dilated: both were completely insensible to the rays of light.

The breathing was deep and slow, but not stertorous, accompanied by an occasional convulsive movement of the larynx. The quantity of blood lost did not exceed ten ounces, and had ceased on my arrival. The patient was undressed, and placed in bed in nearly a sitting posture. Upon inquiry I found that on his return home, he sat down, and continued sitting some time, during which he frequently spoke, but in a very indistinct manner; he at length lay down on the floor as if intending to sleep, in which situation I found him.

At seven the next morning re-action

had taken place: the pulse full and rather quick; the skin hot; the external arteries of the head beating with unusual violence; both pupils largely dilated and insensible; the jaws widely separated; the breathing slow and laborious; and when the head inclined backwards accompanied by stertor, which was removed by inclining it forwards. Having opened a vein in the right arm, I allowed the blood to flow until an impression was produced on the pulse, which was affected by the loss of ten ounces, becoming less full and frequent. On tying up the arm he was observed slightly to raise the other, which was the only action of the voluntary muscles noticed since the previous evening. The hair was cut short on the head, and a spirituous lotion applied.

It was now sufficiently obvious that the only chance of averting death would be by applying the trephine; and I had determined to consult as soon as possible on the propriety of its application; but at nine o'clock the man died; the blood drawn having a buffy coat, and the serum a milky hue.

The head was examined fifty hours after death. Nothing unusual was observed on reflecting the scalp. The pericranium was not injured; but on cutting across the left temporal muscle, to make way for the saw, the posterior part had a very unusual appearance, being black and disorganized, having the appearance of putrid flesh; no ecchymosis, or other appearance of contusion was to be observed, on the corresponding integuments. On removing the calvarium a coagulum of blood came into view, external to the dura mater, situated in the middle of the left lateral surface of the cerebrum, weighing nearly three ounces, and impressing the dura mater and brain with a deep concavity. No other unusual appearance was observed, except a considerable degree of venous congestion in the pia mater, corresponding to the situation of the coagulum. The skull was not fractured. On searching for the source of effusion, it was found that the left arteria meningea media was ruptured soon after its exit from the osseous canal in the parietal bone.

Mr. Lawrence, upon a recent occasion, censured, in very severe terms, Mr. Cooper's proposal to trephine in the course of the spinous artery, in cases similar to the one above related,

which most unequivocally supports Mr. Cooper's proposal. No one will, I think, doubt, but that had it been put into execution, there would have been a living example of its propriety.

When I saw the man in the morning, my ideas were that the trephine should be applied at the wound, in the expectation of effusion between the skull and dura mater; the symptoms, however, continuing unrelieved, it should then have been applied in the tract of the spinous artery on the corresponding side, which as the case shews, would in all probability have been attended with success.

COMPARATIVE ANATOMY.

To the Editors of the London Medical Gazette.

GENTLEMEN,

It is rather surprising to me to find that, in this country especially, so little attention should be paid to the science of comparative anatomy, which, next to that of the human subject, is highly deserving the attention of the medical profession—more so at the present period, when there is a paucity of human subjects. It cannot fail, if properly cultivated, of being productive of much benefit to the community at large. It may be asked, what benefit can be derived from comparative anatomy?—it is this: if we examine any animal we shall find the structure in almost every respect similar to that of the human body; with this exception—it differs in shape; and, in my opinion, the whole of the cerebral, thoracic, and abdominal viscera, can be well demonstrated in the dog, cat, pig, or sheep. 'Tis true we find differences existing in the formation of the same organs in these animals, yet the general result is the same: if an artery takes a different course from the human subject, it cannot be denied that its structure can be beautifully demonstrated; the eye, also, and the whole nervous system, can be beautifully traced in these animals. There is another advantage attending comparative anatomy, viz. that a constant supply of subjects can be obtained, and the inconvenience attending human dissection avoided. There is no student but who, previously to his entering practice, should possess a knowledge of

the anatomy of the various domestic animals; this is useful, especially, to country practitioners, as regards the veterinary department, in which their skill is occasionally required; for, as Mr. Youatt once justly observed, in his able lecture on Rabies Canina, "it is often in the power of the medical practitioner to relieve the pain and add pleasurable sensations to suffering animals." This is correct; and I have often, with regret, heard pupils express their dissent on my recommending them the study of this beautiful science; but I will silence their objections in the words of the illustrious Harvey, who says—"that the anatomy of the vilest insect exhibits proofs of the superiority and beauty of the works of a living God."

As connected with natural history it becomes interesting; for example—if we look at the stately necks of the swan, giraffe, camel, and ostrich, or the ponderous head of the elephant, it forms an object of enquiry how they are supported, and duly kept in their correct situation, without deviating; in a word, this is answered by means of the *ligamentum nuchæ*, aided by the power of muscles. I might go on with illustrations that would far exceed the limits of this paper. However, gentlemen, I hope you will lend your aid for the promotion of this study, for among anatomical lecturers, (with two exceptions only,) we scarcely hear any comparative illustrations. It was the introduction of zootomical specimens that rendered Mr. Brookes's lectures so delightfully interesting. Let teachers set the example to their pupils, and zootomy will not fail to be considered as interesting among the students in Great Britain as it is on the Continent. The insertion of this in an early number will oblige

Your obedient Servant,

H. W. DEWHURST,

LECTURER ON ANATOMY.

May 23, 1823.

ANSWER TO DR. GREGORY ON VACCINATION.

To the Editor of the London Medical Gazette.

SIR,

SOME peculiar circumstances, not worth troubling you with, have prevented me from seeing your number of the 3d inst. until this day (12th); consequently I

have been till now quite ignorant that, in *that* number, M. D., your correspondent and humble servant, had been visited with Dr. Gregory's high displeasure. He observes thus—"The writer (M. D. to wit) is pleased to say that my single remark on the theory of spurious cow-pox, occupying exactly three lines of your small columns, exhibits *a strain of sentiment* calculated to do much mischief." The writer says no such thing—what he does say is this: after quoting Dr. Gregory's dictum of "three lines" respecting, not the *theory*, but the *fact*, of spurious cow-pox, he proceeds—"It is this sentence, together with the inferences to which it leads, that I think requires examination. In a question of so much moment, it is quite unworthy of the spirit of a just reasoner to be influenced by mere verbal distinctions; I will, therefore, not contend for the word 'spurious,' if it be distasteful to Dr. Gregory; but for some sound and accurate ideas, which I believe all well-informed medical men now associate with that term, I am disposed most strenuously to contend." And that nothing of doubt or uncertainty might hang over the acceptance of "spurious," M. D. inquires of Dr. Gregory, "has he forgotten that, besides variations occasioned by the condition of the virus itself, others depend upon the state of the constitution of the individual vaccinated? that an irregular, or imperfect, or (as some will still speak) spurious pock, may be thus excited, and when excited, is capable of being perpetuated by inoculation?" After this exposition, I may fearlessly appeal to you, Sir, and to your intelligent readers, as to my strict and legitimate use of the term "spurious." One of the meanings assigned to it by the "older writers," (so triumphantly noted by Dr. Gregory) I was not ignorant of, though I am not ashamed to confess that I never "hunted" through them "to know what they meant by spurious cow-pox." He (M. D.) knew, however, right well, that Dr. Jenner (not H. W. Jenner), in his Tract "On the Varieties and Modifications of the Vaccine Pustule," maintained that these varieties were such as to produce "every gradation in the state of the pustule, from that slight deviation from perfection which is quite immaterial, up to that point which affords *no security at all*." He knew

also that Dr. Jenner afterwards adds, that fluid taken from a *spurious* pustule, can propagate and perpetuate its like; and even if the fluid be taken from a genuine pustule in its far advanced stages, it is capable of producing varieties, which will be permanent if we continue to employ it. But, above all, M. D. knew that Dr. Jenner had thus forcibly, and publicly, expressed himself more than twenty years since:—"I shall conclude this paper by observing, that although vaccine inoculation does not inflict a severe disease, but, on the contrary, produces a mild affection, scarcely meriting the term disease, yet, nevertheless, the inoculator should be extremely careful to obtain a just and clear conception of this important branch of medical science. He should not only be acquainted with the laws and agencies of the vaccine virus on the constitution, but with those of the variolous also, as they often interfere with each other. A general knowledge of the subject is not sufficient to enable, or to warrant, a person to practise vaccine inoculation; he should possess a particular knowledge: and that which I wish strongly to inculcate as the great foundation of the whole, is an intimate acquaintance with the character of the true and genuine vaccine pustule. The *spurious* pustule would then be readily detected, whatever form it might assume, and errors known no more*."

It was precisely in the spirit of the preceding remarks that M. D. wrote; and were he called upon to name a recent instance to illustrate their force, he would appeal to Dr. Gregory's celebrated Report of the Small-Pox Hospital for 1825. Had due attention been paid to the considerations just mentioned, and to all the circumstances adverted to, that Report would not have demanded the explanations which were subsequently given. In short, whoever will trace the history of the vaccine controversy, must perceive that the chief points in dispute might have been obviated, had accurate attention been bestowed on the character of the vaccine pustule. The very first cases of failure that were reported never would have been represented as such, had they fallen under the inspection of a skilful vaccinator: he would at once

* See "Varieties and Modifications of the Vaccine," &c. by E. Jenner, p. 13.

have seen that, in Dr. Jenner's sense of the term, they were spurious, and that they could not be depended on. One other observation I would make. Different gentlemen who have conducted vaccination on a large scale, have given very different accounts of their success. How is this to be accounted for? Some have had comparatively few failures; others report a great number. Take, for example, the almost innumerable vaccinations of a Sacco or a De Carro, with their uniform success; and contrast their experience with that of some vaccinators even in our metropolis. The inference is obvious. With the former, vaccination is carefully performed, and its progress accurately watched; with the latter, there must have been some want of attention on these points, and, consequently, a less degree of security than the others had obtained. From first to last this negligence has been the cause of many of the disasters.

It was this conviction, and the fear that Dr. Gregory's remarks might tend to perpetuate them, that induced me to address you.

I have the honour to remain,

Sir,

Your very obedient servant,

M. D.

MEDICAL GAZETTE.

Saturday, May 31, 1828.

"Licet omnibus, licet etiam mihi, dignitatem Artis Medicæ tueri; potestas modo veniendi in publicum sit, dicendi periculum non recuso."—CICERO.

PREJUDICES AGAINST DISSECTION.

THE Anatomical Committee have concluded their labours, and it is expected that their report will be presented on Monday next. Once more then before this event, we would address our readers, and through them endeavour to influence the public on this important question.

"The best feelings of our nature," and "the amiable prejudices of our education," are appealed to in England as principal reasons against the practice

of dissection, and as reasons in themselves sufficiently strong to condemn it. But feeling and prejudice are but weak opponents to common sense. A feeling is an irregular sentiment of the mind, depending frequently on the constitution of the body; and a prejudice is in its very definition an opinion based on preconceived notions, which are always supposed and generally found to be in opposition to reason and experience; they have, therefore, been the great obstacle to every improvement of the human condition; there never has been an innovation on established usage, a correction of old habits, an explosion of absurd modes of thinking and acting, in fine, there has been no improvement of the human mind or amelioration of the human state, but were opposed and retarded by those obstinate and uncompromising enemies.

There is no one, we trust, that would concede more to feeling and prejudice on this subject than we are disposed to do. To attend the bed of sickness, where the sufferer is bound to us by the ties of a particular affinity; or even where he claims to us the more general relationship of a common nature and a fellow being; to endeavour to alleviate his pain, to assuage his sickness, and retard, as far as in us lies, the approach of the common enemy, is a feeling highly to be commended; it is founded in reason, and sanctioned and approved of by the best interests of humanity. When our efforts are unavailing, and it is necessary to remove from our senses the object of our fruitless care; for the friends to consign it to the earth with decency, and so, by this last attention to the dead, evince the affection and respect they bore to him while living, is an amiable feeling, not opposed by reason, and not at variance with any interest of society. But to carry this sentiment so far as to apply it equally to those the examination of

whose bodies would be an outrage to some misguided survivor, and to those unfortunate persons who have none to own them in life or to claim them when dead, is altogether unreasonable and absurd: it seemsto imply some injury to the deceased—some vague idea that the identity of the individual is hazarded by the dissection of his remains—forgetting that from the moment dissolution has taken place the body becomes a portion of the great property of nature;—the particles no longer held together by their wonderful combination with the soul, begin to separate and disperse into their respective elements. Nature now asserts her claim to her own materials; new combinations are formed for other beings:

Quidque in sua corpora rursum

Dissolvit natura, neque ad nihilum interimit res.

Lucret. l. i. 216.

Considering the question in another point of view, we would ask, what bodies it is that we are so anxious to preserve? Are not all those, who are even slightly acquainted with the animal economy, aware that the living body is not the same for two consecutive moments? True—this is a state even more fleeting than that of death; we dwell in tenements constantly undergoing a change, and less, perhaps, than a single month of life and health is sufficient to remove every particle which constitutes our frame at the present instant.

Nor is this feeling of prejudice in favour of our perishable body, more repugnant to the dictates of reason than to the precepts of religion. They teach us every where to distinguish carefully between that which is carnal and that which is spiritual, and in a thousand passages impress upon us, not only the excellence of the one, but the utter worthlessness of the other. This also is the scope of our own beautiful funeral service, *which is intended not for the dead but for the living.*

“The repose of the dead” certainly conveys a very solemn feeling; and to “disturb” it, startles every thinking mind with awe and apprehension. The time we know will come, when it will be disturbed in a tremendous manner. But to imagine that the dead can be prematurely disturbed by any other means—to suppose that the immaterial spirit still clings to the mouldering body, and can be affected in any way by what it suffers, is a notion calculated for the times of ignorance and darkness, and which we presume no person is so weak as to believe at the present day. No—if the dead can, indeed, be disturbed by any thing inflicted on the body, it is the rats that gnaw it, and the unmannerly sexton, who knocks it about with his spade and shovel*, that are the real delinquents, and not the man of science, who takes it from these disturbers to make it subservient at once to humanity, knowledge, and religion—who, by its means, alleviates the sufferings of disease, enlarges the sphere of science, and “sheweth,” even more than “the firmament,” the “handy work of God.” If, indeed, the dead could be disturbed by the examination of the body, here is a motive and a purpose almost sufficient to sanction it; but they cannot, and it is as rational to talk of disturbing the repose of the clay in which they moulder.

After all, the disposal of the dead, as we have already stated in a former Number, must, in some measure, depend upon the circumstances and conveniences of the living; and when these are complied with, though it may occasionally interfere with established custom, nobody seriously thinks

* In some countries the treatment of the dead is more unceremonious than we have here supposed. Capt. Head, in describing a burial at the town of Buenos Ayres, says, in concluding his account: “The two men then jumped down with heavy wooden rammers, and they really rammed the corpse in that sort of way, that had the man been alive he would have been killed;—and then we all walked away.”—*Rough Notes*, p. 41.

the worse of their condition. When thousands are left dead upon the field of battle, graves can with difficulty be supplied—'tis well if they can even find a common pit, into which numbers are flung together; and after a bloody engagement at sea, who is seriously troubled about the fate of the slain, as being more unfortunate in not sharing the rich soil of our consecrated graveyards?

It is generally found that this attachment to the body exists in its greatest strength among nations addicted to the grossest superstitions, or among persons who entertain sceptical notions of a future state. The ancient Egyptians embalmed their bodies, and erected vast pyramids to guard and protect them. The Indians of North America, at the present day, when they remove their settlements, take up and carry with them the remains of their friends' bodies, in every state of putrefaction and decay. We remember to have seen on the Calton Hill, at Edinburgh, the monument of David Hume, erected for the preservation of his body; and it is well known he strictly enjoined that men (appointed for the purpose) should keep watch and guard over it for a considerable time. It is thus that extremes meet. The refined Egyptian, whose notions of a future state were connected with the eternity of matter, preserved his body, in order that it might be a fit receptacle for his soul when it should be again united to it; the untutored Indian, who has no idea of another life except such a one as his dog shall also share, preserves its body with his own, that they may be ready to enjoy it together; and the philosopher, who totally disbelieved the immortality of the soul, naturally preserved his body as long as it would keep together, because he thought he possessed nothing else that survived the extinction of sensation.

That some regulations ought to be made and enforced on the subject of dissecting human bodies, is most certain; for nothing can be worse than the manner in which this important and necessary part of medical education is conducted at present in this country. Like all the cases where our laws and practices are at variance, the most gross and discreditable scenes constantly take place. We have severe laws against the raising of human bodies, and not only the actors, but the promoters, are punished occasionally with rigor; yet we have organized resurrection-men in every parish, and every church-yard is a scene of the most disgraceful outrage, and corpses packed in casks are imported like beef and pork—and human remains sent by coaches in hampers, among geese and turkies, and other Christmas fare. These scenes occurring every day, and enlarged upon in the public prints, have so shocked the weak, and alarmed the timid, that their feelings and prejudices are roused into a state of the most morbid activity, and many worthy persons in England are at this moment more anxious for the future fate of their bodies than of their souls*. Numbers of people are known actually to keep their friends till they are reduced to a state of the most disgusting putridity, and will not part with them till they think them no longer fit for anatomical purposes †.

* At Yarmouth, the whole town was lately thrown into a state of violent agitation, in consequence of a suspicion that some bodies had been removed from the church-yard. The Mayor, an infirm man, laid up with the gout and rheumatism, left his bed, and proceeded thither, attended by the whole *posse comitatus* of the inhabitants. They dug up and examined every part of the extensive burying-ground, and discovered, to their horror, that some of the graves were empty. Those who found them filled with a putrid mass of corruption, were consoled at the supposed happiness of their deceased friends; those who saw no such agreeable objects, were inconsolable. It was, moreover, ascertained, that some of them had been packed up and sent off to London, in boxes, by the Norwich coach.

† Mrs. D., of Goswell-street, died in childhood in the month of December, 1827: her husband placed her and her child in a coffin, which he declared (and we believe he fulfilled his inten-

If this state of matters is permitted to continue, not only will the peace and happiness of many be embittered and destroyed, but medical education will become altogether extinct in this country. Already has the price of a subject for anatomical purposes been raised prodigiously, and, without some change, in a short time no medical man will encounter, for the sake of science and his pupils, the danger and odium arising from the prejudices of the public, and the prosecutions of the law.

We have lately seen the Russians setting forth their lures, and soliciting the aid of British surgery, at the approach of an expected campaign. Unable to assist themselves in the time of trouble, they afford a spectacle of well-earned humiliation. In no country in the world, perhaps, was the prejudice against dissection carried to a more barbarous extent than in Russia—the practice of anatomy, and even the use of the skeleton, was cried down as inhuman, and denounced under certain heavy pains and penalties. The time has now arrived when that stern instructress, Necessity, is about to teach them better wisdom. This, however, is the very humble condition into which we ourselves shall be forced, if some speedy and effectual method be not taken to remove those prejudices which, unfortunately, seem of late to have gained strength.

To devise a remedy for all this, is difficult, perhaps, but it imperatively requires to be done. It appears to us that the following points deserve consideration.

Whether it would not be right to discontinue the enactment which gives the bodies of murderers for dissection?—No doubt the people of England, or of any

other country, would dislike that their friends' bodies, or their own, should be liable to a process that confounds them with felons; or subjected to the possibility of a treatment connected, as it is, with the idea of punishment inflicted for the most atrocious crime.

Whether it would not be right that the bodies of all patients who die in hospitals, should be—not *dissected* but *examined*—to ascertain the cause of death, and so create a general feeling, that the practice is not a punishment for crime, but a useful and necessary process, conducive to the benefit of all future patients?—This is the usage in France, in all the hospitals, and, we believe, in at least one London hospital. It is not only highly beneficial to medical science, but it tends to conquer the prejudices against dissection; for we find no repugnance to submit to the regulation; and, indeed, it is partly established and acted on in England. In the army, a general order exists for the dissection of all soldiers who die in hospitals, and the history and appearance of the morbid parts are recorded—which could only be done from anatomical dissection. A man, by becoming a soldier, does not cease to be a citizen, nor leave behind him the feelings which he cherished in common life. Here, then, the practice is already established among a considerable portion of the community, and no sickly sensibilities are outraged by it. Let the rule be made general, and then the excellent inscription placed over the door of the dissecting-room of Mercer's Hospital, in Dublin, might in time appear on the walls of the London hospitals also:—"Hic mors gaudet succurrere vitæ."

Whether all unclaimed bodies should not be appropriated to the purpose of dissection? There are, in every place, many who have few to feel for them in life, and still fewer in death; and there are some who die without a human being to

tion) he meant to keep till March, 1828; from an apprehension that they might be taken up for dissection, if they should be buried in any state in which they could be possibly useful to human life, and serviceable to the interests of the living.

care for or look after them. To use their bodies for the useful purposes of anatomy, can surely be an injury to no one, and liable to no objection. This circumstance is taken advantage of to a considerable extent in other countries. In the vicinity of Baltimore, and of other towns in the United States of America, there are cemeteries called "Potter's Fields," where strangers are buried, whose bodies are afterwards freely taken, for the purposes of medical science. A similar place is established near Dublin, at Kilmainham, called the Hospital Fields, and it is on a very extensive scale. But is it not a mockery to bury, for the purpose of exhumation? How much better would it be that the dissection should first be performed, and that when laid in the grave the bodies should be allowed to rest.

Whether it would not be expedient to remove, or abate, by every means, the repugnance of the English public to the practice? Among the upper classes in general, there seems to be no indisposition to the process; and we meet every day with instances among the higher ranks, where the bodies of friends who die of any extraordinary affection are dissected, to a certain extent, at the desire of the survivors, to ascertain the cause and nature of the complaint. But among the middling and lower classes, the repugnance is inveterate and uncompromising; and, indeed, as long as the law of the land, and the charge of the Judge, are on the side of their prejudices, there is no hope that they will abandon them.

Whether the public press, instead of shrinking from, ought not fairly to meet, the question? Feelings and prejudices of the weakest and most unreasonable kind, render more than half the community actually miserable about this subject. These feelings and prejudices interfere with their own inte-

rests, deprive the persons who watch over their lives of the best means of doing so, and excite the strongest antipathies against those who endeavour to do so with most effect. To combat these unreasonable prepossessions by argument, to direct feeling to its proper object, and disarm prejudice of its injurious tendency,—would be as important objects as any that engage the attention of public writers. It would remove one, at least, of those lingering follies which render England, at this day, so strange an anomaly—the wisest, yet the weakest; the most enlightened, yet the most prejudiced nation in Europe.

CONCLUSIONS OF CASES.

THE present Number being the last of the volume, we have endeavoured to present our readers with the conclusions of a few cases which were published before they were completed, or the terminations of which, (as in Mr. B. Cooper's operation for axillary aneurism,) proved different from what we had anticipated.

MEETING AT THE COLLEGE OF PHYSICIANS.

Cases of Empyema.

THE first paper read at the College of Physicians last Monday evening was on empyema, by Dr. Williams. He described two cases; the former in a boy, in whom the heart was so much displaced, that its apex could be felt beating between the 5th and 6th ribs on the right side. On the left side, the chest became expanded; the interstices between the ribs being increased, and the presence of fluid clearly detected. It became a question whether the operation of paracentesis thoracis should be performed—but it was, after some consideration, abandoned, lest fatal effects should result, from the heart being suddenly deprived of its support by the abstraction of the fluid—particularly if it.

had formed adhesions such as to prevent its return to its natural situation. After some days, the boy died. A large quantity of pus was found, filling the whole of the left side of the thorax; the lung being pushed up under the clavicle, and not larger than a hen's egg. The heart had been pushed to the right side, as already mentioned, but had not formed any adhesions, and slipped back *sua sponte* into its place, as the matter was drawn off. The second case occurred in an adult, who was supposed to have an abscess in the lungs; but which, upon post mortem examination, was found to be a circumscribed collection of pus under the sternum. We understood the author to say, that pectoriloquism was discovered over the site of the abscess, the sound of the voice being transmitted through the pus as distinctly as if a like stratum of air had intervened. Dr. Williams seems to be of opinion that, in the former case particularly, a chance of recovery would have been held out by withdrawing the matter, which he recommends, in such cases, to be done slowly, and at successive times.

Paper on Inflammation.

A short abstract of a paper on inflammation (by a physician whose name we did not hear), was then read. The author detailed some experiments and microscopic observations, which did not appear to us of sufficient interest for quotation.

Application of Belladonna to the Cure of Tinnitus Aurium.

A letter from Sir Gilbert Blane to Dr. Yeats concluded the papers for the evening. The President called the attention of the gentlemen present to this communication of a practical fact, interesting in itself, and stamped with authority by the quarter from which it came.

Sir Gilbert states, that in two cases of tinnitus aurium which fell under his observation during the past winter, a cure was effected by belladonna. In the first case, which occurred in a lady rather advanced in life, the sensation was so distressing, that she requested, if it could not be removed, something might be administered "to make her sleep for ever." Belladonna was applied externally to the ear, and, after a short

time, the relief was complete, and has since remained permanent. The other case was in the person of one of his Majesty's household, who compared the noise to the "rushing of winds, the roaring of cataracts, the discharge of fire-arms," and every thing that was most distracting. A third of a grain of belladonna was given internally, three times a day, and in three days the patient had entirely recovered from this distressing symptom. Sir Gilbert, in conclusion, paid a just compliment to the President and Fellows, for having established these meetings, which all lovers of harmony and liberal feeling in our profession, must be convinced are calculated to produce a favourable influence at the present moment.

ANALYSES & NOTICES OF BOOKS.

"L'Auteur se tue à allonger ce que le lecteur se tue à abrégér."—D'ALEMBERT.

On the Indications afforded by the sensible Qualities of Plants, with respect to their Medical Properties. By JONATHAN OSBORNE, M.B. &c. &c.

DR. OSBORNE'S object is an attempt to ascertain the medical properties of vegetable substances from their sensible qualities—those of taste and smell more particularly. But as tastes and odours, however multiplied and refined in an acute and practised experimenter, are so incapable of definition; and as the words by which they are designated are so exceedingly vague, numbers of them, too, being utterly destitute of names; it is plain that this method of proceeding will carry us but a very little way; we are thrown back to our own positive, though extremely limited, experience—the only test by which the valuable properties in plants can be accurately determined—and we profit nothing by the proposed method of inquiry, further than the mere formation of a system which we never can hope to see completed. Yet the advantages of forming such a system, however imperfect, were, at an early period, too considerable to be overlooked. Accordingly we find those botanists who laboured in perfecting the natural system, insisting upon its correspondence with medical qualities as one of its pe-

culiar excellences. "It is not to be denied that the best marked natural families of plants are possessed of similar properties. Thus the solanaceæ are narcotic, the verticillatæ aromatic, and the coniferæ resinous and stimulant. But with what numerous exceptions are those statements to be received! In the solanaceæ we find the berry of belladonna (a narcotic poison), and in the same family the berries of capsicum, and of physalis alkekengi; the former used as a spice, the latter eaten as a fruit."

But it is not in families only, but even in the same individual plants, the most opposite properties exist in different parts. "The garcinia mangostana, the fruit of which is celebrated as the most delicious production of the East Indies, has acrid wood and leaves; and the fruit of the gamboge tree, which is extremely acrid, and belongs to the same genus, is acidulous and saccharine, and is eaten in the east. The juice which flows from wounds made in the fig-tree is acrid, and is employed to destroy warts. Coffee, before it has been roasted, is quite destitute of the properties which constitute its excellence. Cultivation diminishes the peculiar properties of all plants, and assimilates them to one standard, by increasing their amylaceous and saccharine constituents." The important alterations depending on season are sufficiently illustrated by the bulb of colchicum; but it would be useless to multiply instances, as those few appear sufficient to demonstrate the inadequacy of botanical system, as an indicator of the medical properties of vegetable substances. "The instinct of animals, by which they are enabled to choose their appropriate food, exerted as it must be through the medium of their organs of sense, necessarily leads us to the conclusion that there is a connexion between sensible qualities, and medical or dietetic properties. This connexion had been taken into consideration by Abercrombie, Sir J. Floyer, and Dr. Rutty of Dublin; but the statements upon which their observations are founded, are erroneous, and consequently so inconsistent with each other, as to be altogether unworthy of attention.

"Linnaeus, in the *Amœnit. Academicæ*, entered on a part of the investigation with his usual perspicuity, and in a manner which shows that he was deeply impressed with a sense of its im-

portance. It is, however, but too obvious that he suffered himself to be led astray from the strict observation of sensible qualities by botanical analogies. He also took colour, and other unimportant circumstances, into account." The method adopted by Dr. Osborne, rests simply on the observation, "that vegetable productions which act on one function of the body, have also a corresponding effect on some other function in the same animal. Substances which are rubifacient externally, are stimulant when taken internally. Emetics, when they pass the stomach, are purgative. Substances which, when applied to the eye, cause dilatation of the pupil, when taken internally, prove to be narcotic. If this be true in those instances, it will not appear improbable that their effects on the interior functions of the body may be accompanied by corresponding effects on the more delicate organs of sense, especially on those of taste and smell."

But as it is so difficult, if not impossible, to communicate our ideas of these qualities by words, our only method is obviously to refer them to the qualities of known objects. When there is no known object to which they can be compared, nothing but actual trial can impart an adequate conception of them. This latter is the case with some few articles of the *Materia Medica*; and it will be found that their medical properties are just as little capable of comparison as their sensible qualities. *Digitalis* is an example. The leaves have a peculiar, disagreeable, bitterish, acrid taste, which, with the odour, are best perceived in the tincture, and cannot well be compared with those of any other substance. As might be expected from the acrid taste, when given in a concentrated form, it produces excoriations of the fauces, while the peculiarity of its taste and odour is corresponded to by equally peculiar, and indeed unique, effects on the living animal, especially on the circulation, in which it is distinguished from all the other articles of the *Materia Medica*. *Ipecacuan* is another substance, which, although ascertained to be the produce of several plants, is yet esteemed in commerce in proportion to the conformity of its sensible qualities with an established standard. Its musty odour, and acrid taste, are the tests by which its activity is judged. The roots of some European species of violet (which have been found to con-

tain emetine) resemble ipecacuan in medical effect, in the same proportion in which they resemble it in taste and odour. But, besides these, we are not acquainted with any vegetable production possessed of similar properties, either sensible or medical. Substances of this description, must always form a separate class, until others resembling them are found; and if at any time it be discovered that there are two vegetable productions which exactly agree in sensible, while they differ in medical qualities, then the necessary connexion between these two sets of qualities is evidently disproved, and the method of classifying or grouping vegetable substances, which has been adopted by Dr. Osborne, is subverted.

We shall lay before the reader those groups, as they are called, which are proposed as comprehending all the vegetable substances of the *Materia Medica*; and bring our analysis to a close, after having selected some of Dr. Osborne's remarks on certain heads of his classification.

- | | |
|---------------------------|--------------------------------------|
| 1. Sweet. | 12. Corrosive acrid bitter. |
| 2. Acidulous sweet. | 13. Styptic. |
| 3. Opiate. | 14. Aromatic. |
| 4. Nauseous. | 15. Aromatic bitter. |
| 5. Nauseous opiate. | 16. Taste and odour of mustard. |
| 6. Acrid. | 17. Alliaceous. |
| 7. Nauseous acrid. | 18. Odour of valerian. |
| 8. Opiate nauseous acrid. | 19. Terebinthinate. |
| 9. Bitter. | 20. Taste and odour of peach leaves. |
| 10. Intensely bitter. | |
| 11. Acrid bitter. | |

“ 3. Opiate odour. *Opium, stramonium, belladonna*, &c. In belladonna the odour is very faint, but I have been able to make my observations only on the cultivated plant. In opium it depends on a principle volatilized or destroyed by heat; and is not in the watery extract, in morphia, narcotine, or meconic acid. In the specimens of British opium it is hardly to be perceived, most probably in consequence of the application of artificial heat. Thus it appears, that this odour, which is so characteristic of the group, is not derived from the active principles themselves, but from another substance co-existing with them. The same observation applies to the well known odour of peach kernels, and other substances containing prussic acid, which is not the odour of that poisonous substance itself, but belongs to a volatile oil always co-existing therewith.”

“ 7. Nauseous acrid taste. *Scammony, jalap, helleborus niger, veratrum album, helleborus foetidus*. These are all powerful purgatives. In jalap there is reason to believe, that much both of its nauseous and acrid principle is lost in the process of drying and pulverizing, to which the inferiority of old jalap, when kept in powder, is attributable. Scammony has an odour resembling that of cheese, and the best roots of scammony are those in which the odour is strongest. In helleborus niger, the fibres of the root exceed the tuber in the acrid taste and peculiar nauseous odour; and their effect on the intestinal canal is great in the same proportion. In veratrum album most of the nauseous odour is lost in drying; and its virulent effects are best indicated by its acidity, which causes a burning sensation in the throat.”

“ 10. Intense bitterness. Seeds of *strychnus nux vomica*, and of *ignatia amara, snake wood, false angustura bark, berries of cocculus tuberosus, hops*. *Nux vomica* and the bean of St. Ignatius have of late assumed an extraordinary degree of interest from the poison which has been extracted from them; and which, in proportion to its quantity, is one of the most powerful destroyers of animal life. On this account, and in consequence of its botanical relations, *nux vomica* has been generally placed among the narcotic poisons. A very slight experimental examination, however, is sufficient to prove that their mode of action is quite different. They both agree in producing death by asphyxia, but produce it in a way so diametrically opposite, that it is not unreasonable to presume that the fatal effects of either might be averted by a timely employment of the other. In cases of poisoning by opium and other narcotics, the muscles are in a state of relaxation; and the convulsions which occur occasionally are only secondary, and the result of paralysis of the antagonist muscles. At length, according as the muscles concerned in respiration become paralysed, stertorous breathing comes on, and death ensues when that function can no longer be performed. The fatal effects of *nux vomica*, on the other hand, are preceded by violent tetanic spasms, rigidity of the voluntary muscles, and laborious efforts at respiration; and, in some cases, sudden death seems to be produced by spasma-

die contraction of the heart. The active principle of the cocculus tuberosus (*picROTOXINE*) is described by M. Boulay, the discoverer, as possessed of an intense degree of bitterness,—“*une amertume épouvantable*.” Ten grains of it, given in crumb of bread to a dog, produced violent convulsions and death within the space of forty-five minutes. In various parts of the East Indies the berries are placed in ponds for the purpose of catching the fish, and also the birds which happen to drink of the water, which are thereby made incapable of making their escape.”

But our limits will not permit us to follow Dr. Osborne farther. We concur with him in some of his concluding observations, that the true signatures of the qualities of plants are to be found in their sensible properties and especially in their tastes and odours; and that the difficulty of describing those qualities can be met only by placing in groups those which most strongly resemble each other. When we find a number of substances, which agree so well both in sensible and medical qualities, that the difference in the one is attended by a difference in the other, we may then infer that the exception proves the rule; and, proceeding from the difference thus established to other substances corresponding thereto, we may combine a chain of facts, so as to form the basis of general propositions, not only extending to the thousands of plants which lie neglected around us, but also throwing a new light on the real uses of those with which we are already acquainted.

HOSPITAL REPORTS.

ST. THOMAS'S HOSPITAL.

Case of Amputation below the Knee, and Appearances Post Mortem.

J. M'CARTY, æt. 14.—His right leg was removed by Mr. Travers, on Friday, May 9th, in consequence of extensive exfoliation of the tibia from caries. The integuments being most extensively diseased anteriorly, the gastrocnemii flap operation was preferred, the steps of which we need not describe. The limb being removed very near the superior attachment of the fibula, it was considered advisable to remove the

remaining small portion of that bone, which was readily done. The flap was found very accurately to cover the bones (it not being necessary, as is sometimes the case in this operation, to remove afterwards a portion of the gastrocnemii muscles), and was retained in its situation by a single suture, with the usual adhesive straps.

A few days before the operation, the boy had suffered from diarrhœa. This, however, was checked, and he appeared now in a tolerably good state of health, and continued so till the following day (Saturday), when he vomited some bilious matter, and rejected all his food and drink. Bowels were open, and motions tolerably good colour; complained of no uneasiness in the stump, or pain elsewhere. He was ordered the effervescent mixture, which allayed the sickness.

Sunday, May 11th.—Continued better the early part of this day. Two of the straps were removed, but no pus escaped. Complained of no pain. In the evening the vomiting returned, but not severe; he complained of some uneasiness (not amounting to pain) around the navel. Bowels a little relaxed. He passed a restless night, and on Monday morning (without having had pain or uneasiness save that above-mentioned) he was seized with very severe shivering, to which succeeded great prostration of strength, with cold, clammy skin; and a few hours afterwards, when the reporter saw him, his features were shrunk, haggard, and anxious; eyes dim; face of a livid red colour; pulse quick, very weak and thready; excessive thirst, but rarely retained the drink on his stomach. In this respect he was, however, something better than a few hours before, having had a mustard cataplasm applied over the abdomen*, which had afforded a trifling relief. Bowels rather relaxed. No pain in the stump.

Ord. Haust. Efferves. Tinct. c. Opii, ℞.
4tis. horis sumend.

P.M.—Has not vomited for several hours, and appears somewhat revived. Pulse more full, but still very compressible; skin still moist, but not so cold or clammy.

* It should have been over the stomach; but the sister thought the “pit of the stomach” meant the bottom of the abdomen, or, as she expressed it, the “pit of the belly;” and there she put it.

Tuesday.—Had some return of vomiting last evening; passed a restless night, and was again seized with severe shivering this morning, succeeded by the same symptoms as before. His pulse, though not so quick (116), was very compressible; skin covered with clammy moisture; countenance shrunk; bowels twice open in the night; motions yellow, not very offensive. Complained of no local pain, or uneasiness; was restless and peevish; vomits occasionally; anorexia and great thirst.

Haust. Potass. Citrat. Effer. c. Tinct. Opii,
℞. et Card. Ziss. 4tis. horis. sumendus.

Vin Rub. ʒij. quotidie.—Sago.

Wednesday.—Appeared somewhat better to-day, but had passed a restless night. No vomiting.

Pergat.

Thursday, May 15th.—Had, on the previous evening, a return of the shivering, but appears decidedly better to-day than for two or three days before. Countenance not so shrunk, though still of purple cast; lips also livid; no dyspnoea, or cough; skin still cool, but not so clammy; pulse weak; bowels open.

Pergat.

He continued apparently better during the early part of the day, but in the evening was seized with convulsions, and died.

Sectio Cadaveris, 18 hours after Death.—Head: the dura mater, and whole venous circulation, more than usually engorged. The pia mater, except very slightly over the anterior part of left hemisphere, not more vascular than usual. Arachnoid healthy; no serous effusion on convexity of brain, but some escaped from the base; apparently, however, coming from spinal canal, which was not opened. The substance of the brain presented its usual degree of firmness, and was not preternaturally vascular. The vena galeni much distended. The plexus choroides rather loaded. Very trifling effusion into ventricles, the parts contained in which presented nothing unusual. The origins of all the nerves examined, but nothing unnatural found.

Thorax:—on raising the sternum, both lungs collapsed; the left, however, appeared more so than the right, and on examination, about three-fourths of a pint (at least) of sero purulent fluid, without any flocculi of lymph, was

found in the plural cavity on that side. There was also, at the superior part of the lower lobe of the lung on this side, a cavity large enough to contain a walnut, with several smaller ones opening into it. The lung, for a few lines around, was condensed, and the cavity was lined by a thin, whitish, glistening membrane; we think it did not communicate with pleura. The remaining contents healthy.

Abdomen:—the whole contents carefully examined, but nothing unusual found. The mucous membranes of stomach apparently natural.

The arteries and veins examined, but found healthy.

Lithotomy.

Persons about the middle periods of life, particularly if robust, are generally considered as very bad subjects for a formidable operation. Mr. Green, however, on Sunday week, performed the operation of lithotomy on a "middle-aged" gentleman, in the neighbourhood of Manchester, weighing 19 stone, and removed rather a large calculus.

Mr. Green, as usual, employed the gorget. He had, however, one made purposely for this patient, rather longer, and somewhat broader than usual. No difficulties were met with during the operation. On the same evening, he was seized with a rigor, succeeded by some acceleration and firmness of the pulse, for which he was bled once freely with the best effect; and since then, up to the last account, no unfavourable symptoms had supervened. He is, in fact, going on very well.

Mr. Green, when at Manchester some time ago, saw him; he then weighed 26 stone, but, by proper attention, has been reduced to the above weight.*

S.

ST. GEORGE'S HOSPITAL.

Rheumatic Inflammation of the Thigh and Knee, terminating in Ulceration of the Cartilages of that Joint.

IN the eighth number of this Journal we took notice of a peculiar affection of the thigh and knee, evidently rheumatic, and terminating in ulceration of the cartilages of the knee-joint. We detailed

* This case does not properly belong to the hospital reports, but having been received from our reporter we thought it best introduced here.

two cases, the first that of a prostitute, Sarah Holden, which had terminated fatally; and the second, a washer-woman, Sarah Mooby, under treatment at the time of our report. The latter patient, we stated, was of a poor, scrofulous habit of body; had been much exposed to wet and cold in following her occupation, and was admitted with a diffused elastic swelling of the thigh, knee, and upper part of the leg, attended with the most excruciating pain on motion, or the slightest pressure. Leeches, lotions, &c. to the knee, with calomel and opium, and the vinum colchici, were employed, with the effect of diminishing the swelling of the thigh, and relieving the pain. This improvement, however, was only temporary, and on the 14th of January, when our report terminated, the disease had more unequivocally invaded the deeper textures of the knee, as marked by the excessive pain and tenderness about the joint, with the greater severity of the hectic symptoms.

On the 17th, after a night of more than usual suffering, an abscess broke in the ham, and discharged a good deal of rather dirty-looking pus. At the same time, fluctuation being very evident over the inner condyle of the femur, Mr. Keate made a free incision in that direction with a bistoury, and gave issue to more matter. By these openings, she was relieved for a few days, and in consequence, apparently, of the free discharge which continued to flow from them, the swelling of the thigh still farther subsided. A slough now formed upon the sacrum; a cough, with which she had become affected, became more harassing and attended with much expectoration, and the night-sweats, &c. were very distressing. She was ordered beer and porter, and subsequently, infusion of roses and decoction of cinchona, of each six drachms, with one of sulphate of magnesia, thrice daily. Fluctuation next appeared upon the outside of the thigh, but subsided somewhat on a copious discharge of matter suddenly taking place from the ham. Caustic issues were applied on each side of the patella, and a gill of wine directed to be taken daily; but the cough grew worse; the discharge from the thigh became profuse; another opening formed on the outside of the knee; she had violent pain in the side, and dyspnœa, and on the morning of

the 8th of February the poor woman died, in the greatest misery.

Sectio Cadaveris.—On cutting into the sub-cutaneous cellular membrane it was found to be gorged with serum, but no pus. On cutting still deeper, the muscles, &c. were seen to be in a great measure detached from the bone, on the inside of the thigh, as high as the trochanter minor, and as low as the condyle; on the outside not quite so extensive. The periosteum was inflamed, separable with the greatest ease from the femur, but in no place actually destroyed, although for nearly the whole length of the thigh it lay bathed in a quantity of dark, semi-putrid pus. The cartilages of the head of the tibia and condyles of the femur were very extensively destroyed by ulceration; that of the patella was absorbed, but not sufficiently so to denude the bone. There was no pus in the cavity of the joint, nor disease of any consequence discoverable in the lungs or elsewhere.

Both this and the former case are calculated to excite but a gloomy prognosis in others of the same description. Within the last few weeks, however, there has occurred at the hospital an instance of this peculiar rheumatic ulceration of the cartilages, where the acute symptoms have so far subsided as to encourage considerable hopes of ultimate recovery, or at any rate of the result not proving so fatal as it hitherto has done. As the case is interesting, we shall subjoin it here.

Mary Lovegrove, æt. 16, a delicate but tolerably healthy looking girl, was admitted on the 16th of last month, under the care of Mr. Rose, who was officiating for Mr. Jeffreys.

About six weeks ago, after wearing damp clothes, she was seized with considerable pain and swelling in the left wrist and right ancle, which did not entirely prevent her moving about until the expiration of a week, when the left knee began also to swell and become painful. She went home, remained quiet for a few days, and then was able to get about; but in a short time was again laid up, though solely with the knee. Since that moment she has been unable to move, there being always much pain in the joint, particularly at nights, and the swelling increasing progressively, until about a week ago, since which it has considerably decreased. She never applied for

any advice until a fortnight previous to admission, when she saw a surgeon, who ordered leeches, and thus relieved the pain.

At present she lies with the knee slightly bent. Over the inner condyle of the femur, there is a faint blush of redness, and a general diffused swelling, extending from the knee upwards for a hand's breadth, and downwards for rather more; neither having exactly the characters of synovial effusion, nor of ulceration of the cartilages. There is no pain on gently pressing the patella, nor on pressing the head of the tibia against the condyles of the femur; but on endeavouring, even in the slightest degree, to bend or extend the joint, the pain is excruciating, as it is also on attempting inversion or eversion of the limb. Pressure on the integuments for some little distance above and below the knee, particularly in the direction of the femur or tibia, is productive of great pain. There is not much inconvenience felt at present on lying quiet, but there is starting of the limb at nights, and the pain is occasionally very severe, shooting from the knee down as low as the ankle. Tongue white, pulse quick, perspires at nights, sleep very little disturbed.

These were the symptoms and history of the disease, and certainly they resembled very strongly those presented in the cases of Mooby and Holder. The affection was evidently rheumatic. The swelling, in the first instance, was confined to the knee joint, but extended, though not so far as in the other cases, up the thigh and down the leg. The pain on attempting to move the joint was very severe, and so it was on making pressure over the tibia or femur. Under these circumstances, the prognosis in the minds of those who had witnessed the former cases was any thing but favourable.

Leeches and cold lotion were applied to the knee, which was laid gently on its outer side, and defended from the pressure of the bed-clothes by a cradle. Blue pill, with the pulvis antimonialis, and salines, with Epsom salts and antimony, were ordered internally. On the 22d we found that the startings of the limb had entirely disappeared for the two previous nights, after taking an anodyne draught, and, on the whole, the girl felt better.

R Hydrargyri Submur. gr. i. Extract. Opii, gr. j. M. ft. pil. 6tâ quâque horâ sumenda. Repetantur Lotio et Haust. Salin. &c.

On the 1st of May the swelling of the thigh and leg had almost entirely subsided, and she could bear pressure upon them without pain. The knee had taken more decidedly the form it assumes in ulceration of the cartilages, and there was every reason to believe, from the symptoms present, that such had taken place, at least to some little extent. The constitutional disturbance was but slight.

On the 3d of May the pill was directed to be repeated four times a day, and she was ordered decoctum sarsæ comp. with each pill.

On the 17th the latter was discontinued, and a mixture of quinin. sulph. grs. xvi., acid. sulph. dil. 3ss., infus. rosæ 3xj., tinct. zingib. 3viiss., one ounce and a half thrice a day, substituted in its stead.

25.—The swelling has remarkably diminished: she can bear pressure on the patella or heel with little or no pain, and can even bend and extend the joint in some degree herself. There are no startings at night, no night sweats; in short, the case altogether wears a very promising aspect at the present moment.

GUY'S HOSPITAL.

Conclusion of the case in which Mr. B. Cooper tied the Axillary Artery.

At page 41 of the present volume, we described the case of William Weston, on whom Mr. B. Cooper tied the subclavian artery for axillary aneurism. At the date of our last report the patient was doing well, and he continued without any unfavourable symptom till the 18th day, when some hæmorrhage occurred from the wound, which, however, soon ceased. The ligature was found loose in the wound on the 21st day, and on the 31st arterial bleeding took place, to the extent of about 12 ounces. From this time matters went on badly—his strength decreased, and an abscess formed on the outside of the chest. This discharged copiously, and occasional hæmorrhage took place, till 66 days after the operation, when he gradually sunk, and died.

Dissection, 38 hours after death.—

Upon throwing coarse injection into right subclavian, a considerable quantity issued from the opening in the axilla through the sac, which became nearly filled. The original wound appeared sloughy all round the edges, particularly the upper part. The sloughy opening in the axilla occupied the whole of its lower part, extending from above the edge of the pect. mag. to beyond the edges of latiss. dorsi and teres major, both of which were laid completely bare. This opening was continued down the arm to one-third of its length on its inner side; a slight isthmus of skin extended across just below insertion of the pectoralis, thus dividing the sloughy surfaces. The tendon of the latiss. dorsi appeared to have entirely sloughed off. Injection was thrown into the brachial artery, just above its bifurcation, and forced upwards; but its complete extravasation in the sac prevented the arteries becoming filled. On removing the skin, the original wound appeared much more extensive than previously; the sloughy edges extended in the direction of the original cicatrix, enveloping and including the margin of the sterno mastoid muscle, the fibres of which were disorganized to a great extent. An ecchymosed spot appeared under the skin below the clavicle, upon the pectoral muscle, shewing the attenuation of the parietes of the sac.

Chest: heart paler than natural, and rather more liquor pericardii; a considerable fatty deposit round its acute edge and right ventricle; the cavities were all filled with pale coagula. The Eustachian valve, and the valve of the coronary vein, were very indistinct. In every other respect the heart was perfectly healthy. Between the layers of the right pleura was a very considerable quantity of fluid, more than lb. j.; some on left, about 4 oz.; no adhesions; both lungs unusually healthy.

Abdomen: upon opening this cavity, all the viscera appeared unusually pale and exsanguineous; great quantity of serum issued from all parts, scarcely coloured with red particles; numerous bands of adhesions found binding different viscera—the arch of the colon bound to parietes of abdomen, the stomach to the liver, the liver to the diaphragm, and the intestines to each other.

The veins of arm filled with dark coagula.

ST. BARTHOLOMEW'S HOSPITAL.

Case in which the Testicle was extirpated for Medullary Sarcoma.

[Concluded from page 273.]

THIS patient continued to enjoy good health till about the middle of March, when he presented himself at the hospital, complaining of a pain in the groin, extending along the left iliac and lumbar regions. He also directed the surgeon's attention to a hard tumor situated about four inches above Poupart's ligament. He had been out of employment for the last month, and his diet had been of the poorest kind, which, perhaps, tended to accelerate the disease. He was also troubled with a slight cough, and a constant pain in the right hypochondrium. On the 25th, the disease had made such progress, that he was unable to attend as an out-patient; he was consequently admitted into the hospital. Upon examining the abdomen, a chain of diseased glands could be distinctly traced through its parietes from the groin to the ensiform cartilages of the sternum. His cough was troublesome, and attended with an expectoration of thick mucus. His bowels were constipated, and required the daily exhibition of purgative medicines. His pulse was small and frequent, and he had profuse night sweats.

Ordered, P. Ipecac. c. gr. v. 4tis horis.

April 10th.—He complained of so much pain about the abdomen, that it was deemed prudent to apply twelve leeches and fomentations to the part. His cough continued unabated, for which the following medicine was ordered.

Tr. Camph. co. 3s. Tr. Digital. ℥xv.
Mucil. Acaciæ, ʒiij. ter die.

The stethoscope was applied to the chest, and, as far as could be judged, the lungs were considered free from disease. The symptoms went on rapidly increasing, and on the 17th of the present month he died.

The following were the appearances observed on dissection. Between the layers of the great omentum were found numerous tumors of different sizes, and of a decidedly medullary character; the anterior and posterior surface of the liver was thickly studded with tubercles of the same description, having all the appearance of what some authors have designated a soft cancer of this or-

gan. The left kidney was enveloped in a mass of the same structure; the ureter, in the situation where it crosses the iliac vessels, was obliterated; the fleshy part of the kidney was almost entirely absorbed, its pelvis was greatly enlarged, and contained nearly a pint of urine; the infundibula were also distended to a very great size. The aorta and vena cava were encircled by a mass of diseased glands, which appeared to have compressed these vessels, their calibre being much smaller than is usually observed. The external ring was completely blocked up by a large disorganized mass; when cut into, it was of a soft brain-like consistence, and had a very foetid smell. The spermatic cord was looked for in this situation, but it could not be detected. The testicle of the opposite side had wasted considerably, but was free from disease. The lungs were perfectly healthy.

EXTRACTS FROM JOURNALS.

Foreign and Domestic.

CASE OF PERIODICAL CONTRACTION OF THE LOWER EXTREMITIES, AFTER A SUDDEN SUPPRESSION OF THE MENSES.

ON the 7th of Dec. 1826, a strong-made countrywoman applied to Dr. Follet, of Namur, who related the following circumstances:—In the month of May of the above-mentioned year, whilst menstruating, she was pursued by a dog, supposed to be rabid; she was very much terrified, and her menses were suddenly suppressed. From that time she has never seen them, although she had been bled many times, and upwards of 400 leeches had been applied to the pudendum, independently of the use of baths, emmenagogues, and other remedies. In Sept. she experienced creeping sensations in the lower limbs, together with slight spasms and involuntary motions. In October the legs became bent forcibly, so that the heels touched the buttocks, and every attempt to extend them produced the most acute suffering. At the termination of five days these contractions gave way, and nothing but a slight degree of weakness remained in the affected parts. A month afterwards the same phenomena were

repeated, and lasted the same time; but upon this occasion the weakness remaining was such as to render her gait feeble and uncertain; nevertheless her complexion was good, and there was no emaciation of the lower limbs. M. Follet believed these symptoms to arise from an active periodical congestion in the lower part of the spinal marrow or its membranes, and therefore he recommended the application of 30 leeches on each side of the spine, from the loins to the os coccygis; though they bled well, the contraction returned three days afterwards, but it was not so forcible. During the course of the following month, the leeches were several times applied: the contraction did not come on, but the formication and spasms were felt. The same means were continued, excepting that cupping was twice employed instead of the leeches; vapours were also applied to the pudenda, so as to reach the neck of the womb. In the month of March, 1827, the menses re-appeared, but in small quantity, and attended with great pain. In April they were more copious, and from that time the young woman continued to enjoy excellent health.

MERCURY DETECTED IN THE BODY.

An analysis has lately been made by the French chemists, of the mammary glands, the mesentery, large intestines, and salivary glands of a young female who had died of peritonitis, and who had rubbed in mercurial ointment very freely. Twelve ounces and five drachms were employed in 16 days. In the above parts mercury was found in a metallic state. This result, which is in opposition to the assertion of many chemists and physicians, confirms the experiments of Fourcroy, Dumeril, Orfila, and Cruveilhier, who detected globules of mercury in the bones, in the cerebral substance, and in the nerves. No doubt can any longer exist upon this subject.

PREGNANCY, WITH CANCER OF THE CERVIX UTERI.

Dr. Laubreis, a practitioner in Bavaria, has related two cases of this nature: the first proves that conception may take place, if the full term of utero-gestation be completed, notwithstanding

ing the presence of carcinoma of the neck of the uterus, provided it be not far advanced. In the second case, the schirrous was far in the ulcerative stage before impregnation took place, and the woman miscarried at the end of the third month, and died, by which an opportunity was afforded of examining the parts.—*Journal für Geburtshülfe*.

DYSENTERY CURED BY NITRATE OF SODA.

M. Mayer states, that in an epidemic of dysentery which lately prevailed in Germany, he obtained great success with this remedy; the rate of mortality scarcely exceeding 1 in 50. The method he adopted was to give from \mathfrak{z}_{ss} . to \mathfrak{z}_{j} . of the salt in eight ounces of gum water. It is added, that though analogous to common nitre, that this last has not the same effect when tried as a substitute for the other.—*Hufeland's Journal*.

CASE OF SUPERÆTATION, THE UTERUS BEING NATURALLY FORMED.

A woman, 42 years old, became pregnant the second time in September 1825. Two years before she had been delivered of a son. Her health was perfectly good during the whole period of pregnancy; and there had been no appearance of the menstrual discharge. On the 28th April, 1826, she felt a large body in the vagina, and applied to a midwife. Upon examination, it was ascertained to be a foetus, contained in the membranes. In the middle of the same day the foetus was expelled, together with the membranes, without any discharge of blood. After its expulsion, the attendant discovered another bag of membranes, and the patient was sensible of a moving body in the uterus. In the middle of the night the pains began, and she gave birth to a second living foetus; it was very imperfectly developed, and was contained in a single membranous sac.

Dr. Farhenrost was immediately applied to: he found the foetus was four inches long, and presumed that it had arrived at about four months. The limbs were easily distinguished, but were not furnished with nails. The head bore the usual proportion to the body. The foetus first born was

evidently at the full period, and this opinion was confirmed by the time of the cessation of the menses, to which the woman had paid particular attention. Many physicians have denied the possibility of these cases of superfetation which have been occasionally recorded.

Dr. F. therefore conceived it incumbent upon him to publish this case, for the authenticity of which he holds himself responsible.—*Rust's Magazin*, 1827.

The subject of superfetation is not only interesting in a physiological point of view; cases may occur which would involve the happiness of families, the honour of the mother, and the legitimacy of the child. By the Roman law, the question of superfetation was very maturely weighed, and the possibility of the occurrence admitted*. Aristotle† and Hippocrates‡ were of the same opinion, but conceived that the phenomenon could only occur in consequence of the uterus being preternaturally formed. Such is also the belief of many existing authorities. The above case is, however, a proof to the contrary; and cannot but be interesting in a medico legal point of view.

SUCCESSFUL LITHOTOMIST.

The *National Gazette* of the 20th contains a statement from an authentic source, that Dr. Dudley, professor of surgery in the Transylvania University at Lexington, has performed lithotomy in seventy-two successive instances, without the occurrence of a single fatal case. His mode of operation is the lateral, and he employs the gorget.—*Philadelphia Monthly Journal*.

SPASMODIC STRICTURE OF THE URETHRA FROM MENTAL EXCITEMENT.

We extract the following case from the inaugural thesis of Dr. Reimoneng, of Montpellier. A young man, after violent mental agitation, was attacked with retention of urine.

M. R found the bladder much distended; the hypogastric region was extremely tender to the touch, and the

* Pliny. Natur. Hist. Lib. vii. Cap. ii.

† De Generat. Anamant. Cap. v.

‡ De Superfæt. Cap. i. et De Morb. Popul. Lib. vii. Sect. ii.

patient almost in a state of delirium from his sufferings. Several unsuccessful attempts were made to introduce an instrument into the bladder. The contraction was sensibly felt in the passage, but appeared to be elastic, and to recede from the instrument without being permeated by it. In the endeavour to introduce the catheter a good deal of hæmorrhage was caused. After much violent straining, the patient succeeded in making about a wine glassful of urine, and was momentarily relieved. Twenty ounces of blood were taken away, and thirty leeches applied to the perinæum. Clysters, fomentations, and a warm bath, were also employed. Still, however, the urine did not pass. Upon more accurate examination the contraction was found to exist at about six inches from the orifice, but no instrument would pass. The patient urgently requested to have some opium, for the purpose of relieving his torment, and a grain was given him. In the night he made water in abundance, and a bougie, of a large size, could afterwards be introduced. He stated, that the same accident had happened to him two years before, and from the same cause—mental excitement. He was then enabled to make water by the use of a warm bath, in which he remained two hours.

SECONDARY SYMPTOMS OF SYPHILIS AFTER VARIOUS MODES OF TREATMENT.

An interesting comparative statement has lately been published in Sweden upon this subject. In the hospitals of that country during the year 1822, 3574 patients were treated; in 1823, 3465; in 1824, 3355; in 1825, 3337; in 1826, 3254; making altogether, 16,985 venereal patients in five years. Of this number $39\frac{1}{2}$ per cent. were trusted solely to strict dietetic rules; and six weeks were generally found sufficient for the cure, if the symptoms were not very severe. Secondary symptoms happened in the proportion of $7\frac{1}{2}$ per cent. The mercurial treatment was adopted in $49\frac{1}{2}$ per cent. Of cases of secondary symptoms, there were 14 per cent. The fumigatory treatment, by cinnabar, was employed in $6\frac{1}{4}$ per cent. The relapses were as 22 to the hundred. Local, and other modes of treatment, were

ordered for $5\frac{1}{2}$ per cent., and of these 7 per cent. had after symptoms.

Calculations made upon such a scale are highly valuable, and must tend to settle the discrepant opinions of practitioners upon the comparative merits of the various modes of treating syphilis.

APPLICATION OF A CIRCULAR LIGATURE TO A WOUND OF THE INTESTINE.

A printer, in a scuffle with a soldier, received a thrust in the belly from a sabre, and when seen two hours afterwards by Dr. Kothe, a mass, consisting of about $2\frac{1}{2}$ yards of small intestines, was found protruded from a wound on the left side of the abdomen, measuring from $1\frac{1}{2}$ to 2 inches in length. Before returning the intestines (for which purpose it was necessary to enlarge the wound with the bistoury), they were carefully examined, and a wound, the size of that made in venesection, was found in the intestinal tube, near to the attachment of the mesentery; dark coloured blood continued to flow from this, as if a vein had been wounded, but none of the internal contents. From a dread of converting into a penetrating wound that which might not be quite so, a probe was not applied to it. The edges of the wound being inclined up by a pair of forceps, they were included in a circular ligature of raw silk, and the ends of this cut close off at the knot. The patient went on favourably until the sixth day, when symptoms of inflammation supervened, and he died on the ninth. On dissection, the small intestines were found in a state of high inflammation, and in some points with gangrenous spots on them; but although they were removed from the body and inflated, either a wound nor a trace of one could be detected in their whole course, neither on the outer or inner surface; whilst the knot of ligature was found lying detached on the *outside* of a portion of the jejunum. That the wound had penetrated the bowels, seems proved by the fact of his having some bloody stools after the accident, although this appearance then ceased; a circumstance to be explained by the fact of two hours having elapsed between the receipt of the injury and the application of the ligature to the wound.—*Rust's Magazin*, 1828.

PROCEEDINGS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

May 26.

DR. HASLAM, PRESIDENT, IN THE CHAIR.

MR. WALLER exhibited a syringe, invented for the purpose of injecting blood into the vein, in the operation of transfusion of blood. The advantages of this instrument were, the prompt injection of the blood, and the certainty of excluding air from the syringe.

Mr. Pearson (a visitor) having read in the Journals the experiments related by Mr. Lambert at the last meeting, informed the Society, that in the year 1814 he had witnessed the effects of the division of the spermatic cord in three horses and two asses. In every instance the operation had been followed by the loss of the sexual propensity.

Mr. Callaway shewed to the Society two biliary calculi, which had been discharged from an hepatic abscess, occurring to a woman about 49 years of age. Mr. C. thought that, from the marks of attrition apparent upon these concretions, there were more of them retained.

The remainder of the evening was occupied in the discussion of the merits of Mr. Holmes's midwifery instruments, of the forceps especially; the advantages of which instrument appeared to several gentlemen to be questionable. Mr. Field and Mr. Waller objected to this instrument, which was characterized by a straight form, a thin broadish blade, and a small fenestra. On the score of this latter circumstance, Mr. Field feared that the instrument could not be used with so much safety to the child as was desirable; and, upon the whole, thought that the short forceps of Dr. Davis adapted themselves to the foetal head and the pelvic opening better than any instrument he had ever seen.

The President, after congratulating the Society upon its prosperous condition, announced the adjournment of its sittings to the last Monday in September.

RESULT OF MR. LEWIS'S CASE OF
EXCISION OF THE UTERUS.

THE Lancet contains what it calls "an Epigram" on a patient who decamped from Guy's to St. Thomas's Hospital, dated Bath. We dare say it was written by Mr. Lewis, of that city, who writes poetical prose, and prosy poetry, in that delectable Journal; and "who is very clever at cutting out the uterus." No news yet of the poor woman whose cervix uteri he cut off, and the result of whose case he twice promised to tell the public! As he will not, we must. The truth

is, that she died a few weeks after the operation; and on examination after death, it was found that the body of the uterus, which had been pronounced sound, was extensively diseased, and that the mere excision of its neck was useless and absurd; yet it stands in the pages of the Lancet as a successful operation, to beguile future operators into equal absurdity. So much for the enemies of *hole and corner surgery*!

The last time we noticed Mr. Lewis, we told him that if he did not divulge the truth we should "detect he*." We will now set him a task, and that is, to write an epigram on a poor woman who died after the amputation of part of her uterus. We leave him to furnish the rhyme and the grammar; but the following will do for the concluding couplet—it is, at least, as good as the Bath epigram:—

Tho' the doctor was clever, fate settled her doom,
For the patient was cut off as well as her womb.

We will also give him two pieces of advice: the one is, never to publish the beginning of a case unless he has the courage and candour to tell the end, however unfavourable; the other is, when any one, for an honest purpose, asks him a civil question, never to answer with a growl.

* We have waited in hopes that Mr. Lewis would have the candour to give the continuation of the case himself; but as in this number we have given the termination of the other unfinished cases of the volume, we can delay no longer.

BOOKS RECEIVED FOR REVIEW.

A Disquisition on the Nature and Properties of Living Animals, by George Warren, Surgeon.

A Practical Treatise on the Typhus or Adynamic Fever, by John Burne, M.D. Licentiate of the Royal College of Physicians of London, &c. &c.

Researches respecting the Natural History, Chemical Analysis, and Medical Virtues, of the Spur, or Ergot of Rye, when administered as a Remedy in certain States of the Uterus; by Adam Neale, M.D. Physician to his Majesty's Forces, and to his late Royal Highness the Duke of Kent, &c. &c.

The Evidences against the System of Phrenology, being the Substance of a Paper read at an Extraordinary Meeting of the Royal Medical Society of Edinburgh; by Thomas Stone, Esq.

NOTICES.

Communications have been received from "Mr. H. Mayo"—"Mr. C. Hutchison"—"Mr. Bacot"—"Mr. H. Earle"—and "Voyageur."

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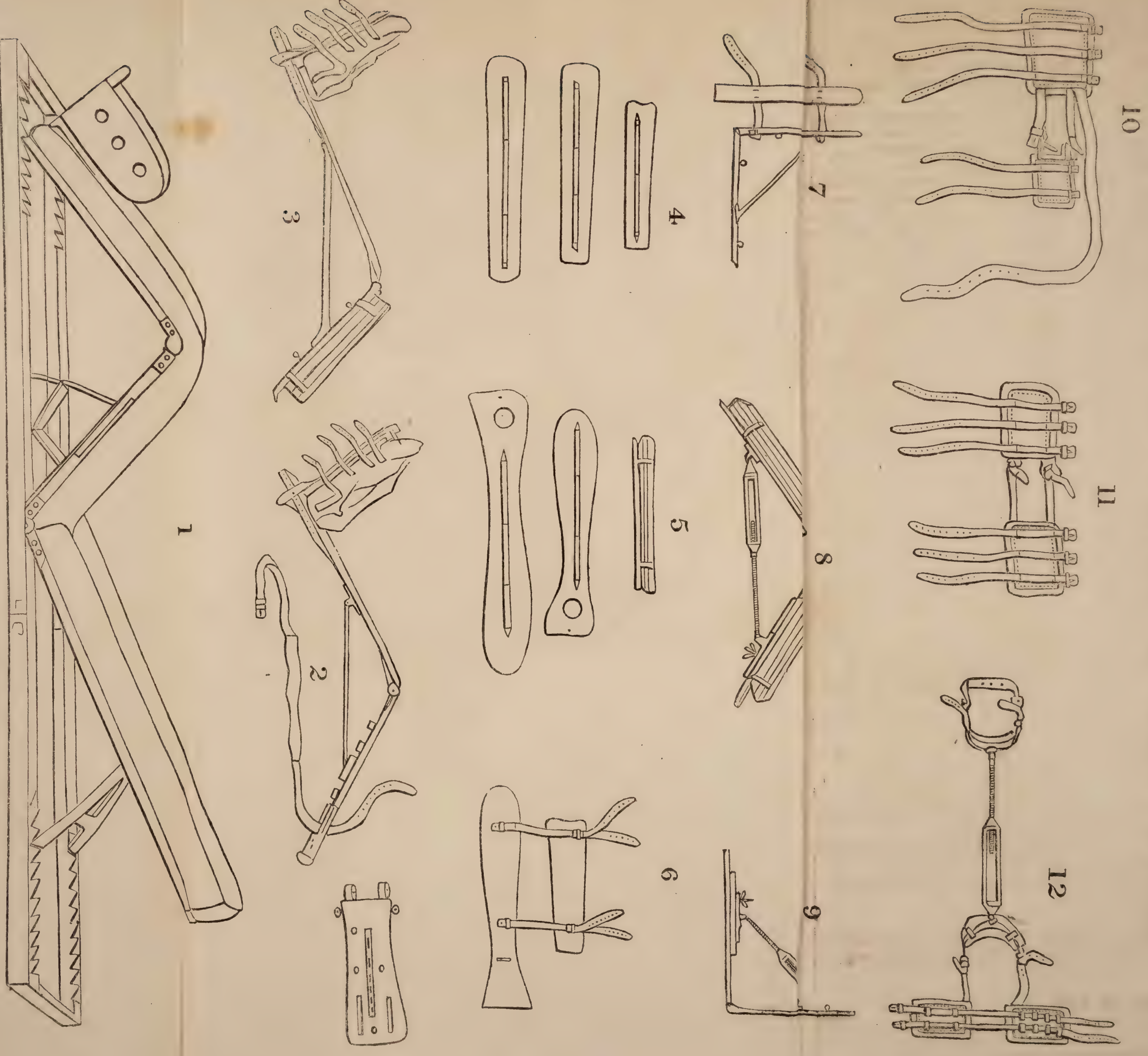
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